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HOMŒOPATHY VS. ANTITOXIN IN THE TREATMENT OF DIPHTHERIA.

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THAT caution is a worthy trait in the true scientist, may be granted by those whose experience and enthusiasm have gathered apparently incontrovertible facts from opposing sources. I have thus undertaken the further discussion of the subject of the authoritative and conclusive paper of the talented essayist of the May meeting to offer this impartial audience some aspects of the subject which, in my opinion, a homœopathic organization should not overlook, the May paper being admittedly allopathic. This does not deny the value of the thoroughly systematized clinical data then offered, though I may here remark that the history of medicine is replete with ever-changing interpretation of such data, and is yet too incomplete to exclude testimonies of the most diverse character, out of which in due time unmixed truth should evolve.

The general agreement among all observers, upon the pathological phenomena to be met in diphtheria, calls for no further discussion of that or its historical features, but hastens our attention to the problem and records of the most successful treatment, and incidentally to the possibility of error in the prevalent conception of the underlying conditions of the disease and its victim which makes admissible some items seemingly irrelevant to the above title.

A review of the allopathic treatment of today notes little change in their general attitude of fifty years ago, except a growing caution in the empiric use of drugs, some remedies suggested being classed as of limited or doubtful advantage, and others designated as distinctly injurious, and the whole admittedly of a superficially palliative action, working no appreciable benefit to the aggregate disease action.

Obviously, then, the advent of antitoxin would be to them the miracle of the age, reducing their death rate 4/5, for which we, too, may "praise God from whom all blessings flow" that after flowing for a century one little stream of saving serum has trickled across the great waste of empiric methods, long characterized by fruitless planting and blasted hopes.

It now remains to be seen if the enthusiasm aroused by this initial stream will result in the whole therapeutic field being laid under water or, what is the same thing, under serum.

Farmers realize that floods are more destructive than droughts, and a similar truth may have to be realized in medicine. To the student of homœopathic annals the halo of the miracle gives place to a shadow of disappointment in the limitation of the nosode, which admittedly does not cure the patient, although said to "take care of the disease."

How are you going to separate the patient from his disease? Disease is not a thing, but a condition, and the error of regarding a disease as a thing underlies the present ineffective treatment of the sick.

Disease is a generic term for a group of symptoms and a state of the organism, and such a state, when recognized by the law of similars, might be "more practically designated as Morbus Aconitum, or Morbus China, or Sulphur." The terms of disease are useful in conveying in a single word a whole series of pathological disturbances, but from these only, and when present and varying even to opposites in individuals, can the remedy be recognized that will cure that individual, hence, as Raue says, there can be no specific for diphtheria or any other disease. Such individualization may embody but a few of the many remedies as especially and frequently effective, yet hold in reserve a score or more of equal value when needed.

A brief review of successful treatment, past and present, among foreign and domestic physicians is thus of interest.

"English agree that all the Mercuries were injurious until they found Mercurius cyanatus and Mercurius biniodide, present preference being, in the malignant form of diphtheria, Mercurius cyanatus, 6 to 30 every hour, with wash of dilute Phytolacca. Reported successful in a great majority of cases. Percentages not given but general reading indicates slight mortality.

"In exceptional cases Echinacea, 6 drops 1-2 hours. In more œdemic forms Apis, 3 to 30th, every hour. Lachesis, Lycopodium and Lac caninum as indicated, and in extreme prostration Arsenicum, 3x every 15-30 minutes, will often restore. External glands much swollen, Mercurius biniodide; much fever and bodily aching, Phytolacca 1x every hour, with wash of same."

Among the French Bryonia once had the lead,

with records of one fatality in 25 severe cases. Used low, 6 drops θ in water, t. s., every hour, generally arrested the disease in 12 hours; membrane ceased to form, respiration relieved, mucous surfaces less dry, and membrane coming off in 48 hours. Jahr says, "In this disease, which, if badly managed, often terminates fatally in a few days, I formerly used with excellent success Belladonna, Bryonia, Baryta, Arsenicum and Phosphorus until I became acquainted with Apis, which I now prefer to any other remedy, and am uniformly successful. He deplored washes. He protested against the use of Mercurius, citing its well known ability to promote the exudative process, even in high potency." Hempel says, besides the above remedies, we use in this country Mercurius iodatum 3x, Phytolacca and Chlorate or permanganate of potassium for gargles. The Germans report uniform success with Apis 15th to 30th.

Dr. Fischer treated 22 cases of malignant form with Apis 200, losing none.

One author says: "It seems that in Germany as well as in this country (United States) all cases of diphtheria were invariably cured with high dilutions, whatever the remedy used. How can physicians shut their eyes to these facts and not try them when they might thus cure all their cases." If the dominant school possessed such resources and records, when would they have adopted a remedy like antitoxin, emanating from Homœopaths and accredited with a 10 per cent. mortality?

Among American annals I find a record of 74 cases, malignant form, treated with Nitric acid in alternation with Belladonna or Capsicum; only two deaths. Another observer, who proved Phytolacca, says it has no equal in our materia medica for throat diseases, and that in diphtheria Belladonna and Mercurius are not comparable. He cites 18 cases all cured in from 3 to 8 days with Phytolacca, 12 of which were very dangerous cases, and this experience seems corroborated by several others equally successful.

Dr. Lippe, one of our most distinguished authorities, says that most all cases of diphtheria that came under his care yielded to a single dose of one, seldom two, properly chosen remedies, in the smallest dose, which, with him, was probably 200th or higher.

Lilienthal regards Apis capable of preventing the disease, and its pathogenesis certainly encourages the idea, and it stands most prominent in his list of 40 remedies. Johnson gives 18 remedies with definite indications, in which Apis, Kali bichromicum, Lachesis, Lycopodium, Mercurius cyanatus, Nitric acid and Phytolacca would probably cure the majority of cases.

Raue says: "Our blessings in this disease are so great as to be embarrassing, and among 30 proven remedies emphasizes Carbolic acid, Apis, Ignatia, Lac caninum, Lachesis, Lycopodium, Mercurius cyanatum and Phytolacca. Of Ignatia he says, I and several colleagues have given it for years with most marked success. During an epidemic in Pennsylvania Dr. Slough did not lose a case after he began using Ignatia 200, a. t. s., every hour or two, notwithstanding delirium, hæmorrhage or other untoward symptoms. The epidemic was characterized by green vomiting, putrid throat, green-yellow membrane, delirium, green stool, suppressed urine, chilliness, or high fever.

Of Mercurius cyanatus, Von Villers first used it successfully in a hopeless case of diphtheria, because of its effects in 5 people that were poisoned by it. He afterwards used it in several epidemics, in different latitudes, with uniform success. He began at the 6th, and arrived at the 30th, convinced that the higher dilutions were the best. Several other physicians who never saw any results from it only used the 2d or 3d.

Another physician cured 50 cases with the higher dilutions, without the disease spreading or showing paralytic symptoms or sequelæ. It has also cured where the disease has invaded the larynx. Allen says it is often indicated after Apis, where the membrane invades the nose, but Dr. Schier, who regards Mercurius cyanatus and Vinca minor as the two most important remedies in diphtheria, distinguishes Mercurius cyanatus by the exudate going downward to the larynx, and Vinca minor by its going upward to the nares, nose and eyes. Nash says of Apis: "I was once called to consult in a very bad case of diphtheria. One had already died in the family and four others lay dead in the village that day The attending physician was much older, and an able man, and when I remarked to him that I was young to counsel him, he replied, I am on my knees to anybody, for every case has thus far died. The patient was two rooms away, but her breathing could be plainly heard. Apis was comparatively new for diphtheria then, but as I looked into the throat I saw Apis (not bugs), and a few questions confirmed it. (Morbus Apis.) It cured the case, and not another case died that took Apis persistently from the beginning." I cannot but question if antitoxin would have saved this case at the same stage, and without sequelæ.

Dr. Neidhard, whose practice during the Philadelphia epidemics amounted to 600 cases in 6 years, was impelled to an exhaustive study of diphtheria as then understood, a miasm. Its subsequent identification as a germ disease renders his findings no less valuable, but his success emphasizes the correctness of the homœopthic practice of seeking a remedy to meet the totality of the symptoms, regardless of special organs. He truly says, "The nature of the disease cannot be essentially changed by attacking different organs, although individual idiosyncrasies may modify the poison. This view being correct, there is danger in changing remedies as the disease attacks different organs, as by so conquering diphtheria in one organ it is very apt to emerge

in another and prove fatal," an incident otherwise termed a suppression, and very prevalent in empiric or palliative prescribing. On this account local applications are condemned, unless the remedy so used has a distinctive action on the whole disease.

"In many instances where powerful local remedies have been used I have seen the disease leave the throat, and soon after prove fatal in the brain or intestines. It was thus not only necessary to find a remedy to overcome the disease by its ability to procure a similar membrane but in the similarity of all its systemic changes. Individual dyscrasias would, of course, tend to develop lung, liver, stomach or urinary complications, requiring special treatment, but underlying all this the specific poison in the blood, no matter where its attack, would require one specific remedy for the full complement of its symptoms if it could be found." Then follows the story of his search. Following the trail of predecessors he incurred sad experience with Mercurius iodatum and Kali bichromicum at a time when he was having almost daily new cases. For months, day and night, the subject was never out of mind. Similarity of disease and remedy was constantly studied. It became evident that scrofulous constitutions were most susceptible, and developed the majority of malignant cases, thence the most fatalities. The curative remedy should, therefore, embody the diphtheria and the diathesis to be curative. Light cases would yield to almost any remedy having some degree of similarity, but malignant cases were the true test. Biniodide or protoiodide of mercury disappointed me. After three or four days the membrane would be practically unchanged. Its only decided effect would be upon the swollen tonsils and glands, which it much benefited. I found Kali bichromicum much more effective in removing the membrane, often doing so in 6-12 hours. In many cases of malignant diphtheria, Crotalus and Lachesis have checked the blood poisoning and consequent unfavorable constitutional symptoms. No remedy will more quickly reduce the fever, sopor and submaxillary glands than Crotalus, and although I have since discovered a more complete antidote for the disease, I frequently use Crotalus to counteract the blood poison. Cantharis, Nitric acid, Chlorate potassium, Bromine, Borax, Ammonium, Causticum, Argentum nitricum, and others being tried left some experience favorable to Kali bichromicum, Cantharides, Argentum nitricum and Crotalus; still some malignant cases had succumbed under these, and I was convinced there must be a remedy of greater affinity to the disease in both chemical and dynamic relation, and I ultimately found it in Chloride of lime. The proving of Chloride by Hering gives some very characteristic symptoms, and a further study of Calcarea carbonica reveals its essential relation to the symptoms of diphtheria, and it is one of the most prominent remedies in the scrofulous diathesis.

I made almost exclusive use of Chloride of lime in 300 cases of diphtheria (during 5 years previous to this account), 5 to 15 drops of Liquid calsis chloride in half a glass of water, a. t. s., every quarter hour to six hours, according to urgency of the symptoms. In light cases a trituration gave good results. In the majority of cases the Chloride was used alone; in others, alternate with remedies for individual idiosyncrasies. Only two cases died, one a drunkard who would not continue his accustomed stimulants while sick, as advised, and the other a two year old child, three days ill when I was called, and a thick greenish membrane extended down the throat. The Chlorine does not act like the caustic, removing the membrane readily only to be renewed again, or develop elsewhere fatally. Under Chlorine the progress of the disease seems checked from within, the membrane ceases to spread, looks shrivelled and dead, inflammation diminishes, and normal membrane reappears. In one of the most malignant cases where Mercurius iodide and Chloride of lime had been used alternately I omitted the Chlorine 24 hours, using only the Mercurius iodide, and all the symptoms were aggravated. I then returned to Calcium chloride alone, with immediate improvement, and the whole case progressed to a favorable termination.

In 5 very malignant cases, children 2 to 8 years, when the whole throat was covered with membrane, with great swelling of submaxillary glands, 8 drops of Calcium chloride in half a glass of water alone, t. s., every half to two hours, cured in short time. Where there appeared a scarlet rash, Belladonna was alternated with the lime and the rash soon disappeared. (Note here that C. C. is the mineral analogue to Belladonna.) In many cases Calcium chloride was the only remedy, but I never hesitated to use others where there were complications of chronic miasms. In very dangerous cases the Calcium chloride should be given every one-half hour or oftener, and such constant application of the remedy undoubtedly acts locally.

Calcium chloride not only cured ordinary diphtheria, but the membranous croup. In two formidable cases for greater security it was alternated with Kali bichromicum. One at 7 years was attacked with suffocating croupy cough, strangling blue countenance, quick oppressed breathing, whistling sound in lungs, and rattling in throat. Fauces, palate and tongue as far as could be seen covered with thick white membrane, tonsils enlarged, as also external glands on both sides. Mother had died of consumption, and child suffered from luxation of hip; certainly not a promising case. Calcium chloride and Kali bichromicum cured in a few days. A boy of 11, with swelling of glands of neck, and more extensive membrane, more severe croup cough,

sopor and great prostration, so that consulting physicians despaired of his recovery, was also cured with the same two remedies.

Dr. Niedhard adds a word about chronic diphtheria and sequelæ, extending over several months or a year, especially after allopathic treatment. "Patients have come, the membrane still visible, dryness and soreness of mouth, tenderness and swelling of glands, etc., after trying every conceivable remedy, and were invariably cured with Calcium chloride."

An interesting case of paralysis followed a severe attack of diphtheria in a boy seven years old treated with large doses of Mercurius iodide, and his illness much prolonged thereby. The chief characteristic of the paralysis was the excessive pain in the hips and legs when made to stand. Cured in a week with Rhus toxicodendron 3x in water every two hours. A very singular case of extreme sensitiveness of the whole spine as a result of diphtheria in a girl of 9. Sensation of great heat on vertex, and extreme sensitiveness to touch, so that holding the hand some distance above the head was intolerable. Lying flat in bed increased pain in head; slept in sitting posture, and felt best leaning forward; hacking cough and epistaxis; hands numb lying down. Rhus and other remedies failed to relieve; Aconite 6th in water cured. Calcium chloride, so effective in the height of the disease, is also effective in that form of sequelæ characterized by anæmia, ascites, soreness of kidneys, sick stomach, vomiting and bloody urine; after Chininum arsenicosum and others failed Calcium chloride quickly cured.

The symptoms of some of these cases were truly alarming. A notable case of disease of the spinal cord after epidemic diphtheria. The debility, and numbness, and furriness of feet noticeable on recovering from diphtheria kept increasing; could not stand alone nor lift them. Shoved them on the floor, stiff and inflexible after sitting, and knees buckled on attempting to rise; drawing pains in the legs while sitting or lying, and similar state in arms and hands; no longer able to hold even light things, nor play the piano. There was incontinence of urine. Examination of spine showed no tenderness or pain. Although emaciated, there was no wasting of muscles of trunk or limbs. No morbid symptoms of brain. The early symptoms of the extremities increased, and it became difficult to hold up the head; digestion and stool not disturbed; menstruation regular but scanty; sleep fitful and unrefreshing. These symptoms of the alteration in the motor and sensory spheres had increased for nine months from recovery from diphtheria, and advanced from the lower extremities, and already involved that portion of the spinal cord that gives off the brachial plexus, thus shutting off any prospect that the curative powers of nature might yet prevail. Art alone could avail.

Repeated favorable experience in similar cases suggested Cocculus, which was given in the 2x. In 14 days pains in the limbs relieved and increased power in rising from seat. Remedy was rested during monthly period, after which treatment and improvement was resumed, and during third month numbness and furriness left fingers and feet, and patient resumed light employment, and within six months was entirely cured.

Among other remedies for sequelæ, Apis, Arsenicum, Kali phosphoricum, Lachesis, Nux vomica, Phosphorus and Secale bear favorable mention.

HENSEL.

This world renowned chemist prefacing his Macrobiotic says, I have ascribed the origin of internal diseases to a diminished electrical force. This is in agreement with the demonstrated unity of forces which I have applied to our vital force. This diminution of electrical force may be due to respiration of oxygen insufficient in itself, or an impediment in its absorption in quantity equal to requirements of our vital functions owing to lack of red blood corpuscles, or in disturbed emotions, or atmospheric influences, or reduced nerve tension and consequent partial check of circulation in some special part of the body! (Anticipating the immediate exultation of our electrical enthusiasts, I hasten to say that he nowhere intimates that such deficiency can be supplied by wire from the Cumberland Light & Power Co.)

"As a tangible cause of the lack of blood disks which absorb oxygen I have shown the lack of Sulphur, Lime and Iron in many foods, and have made more prominent the loss of electrifying blood salts not compensated for by foods, as the strongest factor in the diminished electrical tension of nerves, and thence fatal maladies. This daily loss of blood salts is natural, because the urea requires mineral salts to combine with them into permanent combinations of double salts. If urea does not find enough mineral salts in the blood, it is changed by absorption of water from the venous blood into carbonate of ammonia, which produces paralysis of nerves, blood poisoning and putrescence." (If this hint of spontaneous degeneration be kept in mind, it will help us to understand another and more profound exposition of the blood later.) "The various degrees of chronic diseases are connected with the above state. As to urea, its materials are found in part in an unoxidized form, as a double stratum of gelatine sugar, and in part as a grouping of the atoms into cyanide of ammonia, within the molecules of the bases of flesh, Creatin, Sarkin, Xanthin and Ureate of ammonia as their physiological foundation.

"Thus we may understand why we suffer the consequences which the liberation of ammonia from stagnant blood or urea carries in the form

of catarrhal affections, whenever our blood in its serum lacks the natural protection of a due quantity of mineral salts. What a luminous significance here concerning diphtheria, which begins with stagnation of the blood in the thymus gland, whence the putrefactive change is spread all over the vascular system. While these catarrhs may be brought on by inhaling cold irritant air, they may also be from infection. It is noticeable that children who receive a large amount of meat and appear to be robust are most ready victims to this disease. Likewise in adults, meat eaters have more catarrh than vegetarians. Meat undergoes chemical decomposition rapidly, and these products of decomposition are poisonous, as meat contains 25 per cent. of cyanogen compounds. Milk, cheese, butter, eggs, cereals and potatoes are based in sugar, starch, fat and albumen, and though containing nitrogen, it is not based on cyanogen compounds, but upon sugar and ammonia. I have said all stagnating bood gives off ammonia. As soon as mechanical movement ceases, chemical movement, in which ammonia is liberated, takes place, or else amines are formed. This chemical decomposition, rapidly infective in dead meat, is much more so when the circulating blood carries the products of infection with it. Hence, the rapid fatality of diphtheria, likewise all diseases of putrescent order.

"The guide to the treatment of diphtheria, then, is the product of putrefaction in the throat. Putrefaction always takes place after the cessation of electricity, as it is electricity that holds the flesh compounds together inodorous during life. From this it follows that in supplying new electrical tension we stop the process of putrefaction.

"Everything tending to set electricity at work tends to affect the cure of diphtheria. Principal among these is the source of all bodily electricity, unimpaired circulation." (Here I find Hensel and the osteopaths confirm each other, and find a claim of 131 consecutive cases cured by manipulation at six hour intervals, of all the tissues of the neck, and especially the thymus gland and related tissues and vasomotor nerves of the spinal and cervical region.)

Continuing, Hensel says, while wet packs are a good excitant of electricity, vinegar is still more so, and if the whole body be rubbed down with vinegar during the prodromal symptoms, the patient is at once out of danger. But it is admitted that there are other factors able to check putrefaction and restore circulation, especially enemas of castor oil, emetics and small doses of calomel, since both chlorine and mercury protect albumen from chemical decomposition. Chlorine water, peroxide and lime water likewise, the latter demonstrated by Neidhard. Physiological salt water, given as a beverage in diphtheria, also secures a rapid cure. This consists of Phosphates, Sulphates, Chlorides and Carbonates of potash and sodium, corresponding to the analysis of the blood salts by Denis. More remarkable still is Hensel's Tonic, a preparation of iron and lime, used as a beverage, with plenty of sugar, it is both antiseptic and electric. In epidemics, when this has been used, a glass twice a week in families, they have invariably been protected from diphtheria. It has also been reported in homœopathic journals to have saved lives when in great danger, when the physician happened to be provided with it. It is not allopathic, but physiological, and at the same time homœopathic, as containing 1 per cent. of iron it corresponds to the 2x, and the lemonade made from it is in proportion of 1 to 100, and thus in agreement with homœopathic principles." (And this from a German in Germany!) In every research I meet the inevitable limitation of human mind and endeavor, when each man, however profound in his own line of work, betrays disqualifying ignorance in attempting to appropriate a less familiar truth, or in comprehensive idiom bites off more than he can chew. My patience is always tried by the man who assumes that the homœopathicity of a remedy is in a decimated dose.

At this point a patient came into my office whose case-taking disclosed an experience with diphtheria. He was at the time less than 35; wife, daughter, and son all sick with diphtheria, and the son died. This was 30 years ago when methods were meagre. Father was nurse, night watch, housekeeper, and at the same time held his job in the bleaching room of a cloth mill. One morning he realized that he, too, was coming down with diphtheria. Throat sore, swollen, breathing depressed, and withal, the wornout feeling and inability to go further. In his distress for breath it occurred to him to try some Chloride of lime, a large box full being at hand. He plunged his hands into it, shook it up in the air, and inhaled the dust, and all the symptoms disappeared in a few hours, and he was always sure that it aborted serious trouble for him.

Another patient tells of a severe case readily relieved by drinking hot a tea made from old fashioned red peppers; this case coughed up a large amount of membrane and mucus.

A Michigan physician tells of a tea made of the inner bark of Salix, a species of willow, so effective that immediately upon taking it the membrane is thrown off and patient recovers without incident. He says, "Here in the wilderness of northern Michigan, where there is no physician, and no drug store, there is no dread of diphtheria, because they have so sure a remedy right at hand."

A demonstrator in bacteriology in a Hahnemann college says: "Every case of infectious disease is a fight between a human body and one or more groups of germs." (A human body is as incapable of a fight as a suit of clothes.) "Symptoms are the evidence of resistance on the part of the patient. Diseases differ because different germs work in different parts of the

body, and produce different poisons. Cases of the same disease vary, because germs vary in virulence, and patients vary in resistance." (It seems unimportant in this kind of reasoning to look for basic conditions in the organism, or to question why a germ is virulent at one time and not at another.) "The staphylococci, streptococci and diphtheria bacillus are identified as equal offenders, all exciting inflammations, with or without membranes, all producing tonsillitis which clinically may appear as diphtheria or only simple catarrhal tonsillitis, and all of them may appear in the throats of healthy people." (This significant fact of amicable relations between germs and a majority of people likewise prompts no inquiry among those whose affections are committed to the germ. That said people are immune because healthy cannot justly be assumed, because the majority of people are not healthy.) "From 10 to 50 per cent. of suspected diphtheria cases prove to be diphtheroid, non-contagious and seldom fatal, and often dependent upon scarlatina, typhoid, etc. A very large precentage of anginas are due to mixed infections. Any two or three of the above germs may be associated, and if the Klebs-Lœffler bacillus escapes detection it is only diphtheroid." (In the same diphtheroid condition one Klebs-Lœffler bacillus among a million of the others becomes the distinctive culprit, although his whole family may loaf around there unprejudiced as long as none of the gang starts anything, and the patient escapes other disease forces.) "The bacilli does not enter the circulation, but finding lodgment on the tonsil begins to multiply and produce a specific poison, which being absorbed may destroy the patient in two or three days. The local poisoning of the membrane results in inflammation and an exudate, thickening the epithelium, and thus forming the diphtheritic membrane, which may strangle the patient. The throat is now a culture tube with all the requirements for rapid germ development, and correspondingly increased toxin." (These obvious conclusions disregard previous admissions that germs may dwell in the throat indefinitely without doing harm, and that the local lesions are often disproportionately severe to the systemic and vice versa.) "Epidemics vary in severity, but all cases in the same epidemic are much alike. This is not hard to explain. One throat has started infection for several others, and so on, and are consequently of the same percentage." (Again the obvious conclusion overlooks the fact that the epidemic type may be state wide, with no tangible connection, and that the genius epidemicus so often recognized by profound observers is not thus accounted for, nor the persistence of the germ, which may disappear in a few days, or dwell with the patient for a year after recovery, and that inoffensively. Surely somebody should start a hunt for some of these missing links, and somebody has, and found some of them.)

Concerning antitoxin this teacher says: "It is of the most benefit to pure Klebs-Lœffler infections; less so when complicated with pus germs, and of no service in diphtheroid." (This should deter those who advocate its free use in all suspected cases or immunizing others on possible exposure.) He regards its action as "a chemical neutralization of the toxin; it is not germicidal, for germs thrive in it," although it is elsewhere claimed that it is identical with the A. T. formed in the course of the disease, which arrests the development of the bacilli. "It has no physiological action or harmful effect, although containing Carbolic acid, Camphor, Trikersol, etc. As it is harmless give enough. For children over 2 years begin with 1,500 or 2,000 units, and repeat in 18 hours if needed. If we are right about its action it will not remedy the effects of the toxin, and the treatment must be in three parts, local destruction of the germ, neutralization of toxine by antitoxin, and cure of the patient by homœopathic remedies." (If the patient has yet to be cured with homœopathic remedies, and the law of similars has any foundation in fact, why is not the third clause inclusive? Where is the defect in a reasoning for triple treatment, in place of a single remedy in gentlest dose, repeatedly demonstrated to have cured more quickly, more completely, and with less sequelæ?)

Another teacher of the same college says that "the fact that the Klebs-Lœffler bacillus can be found in the pharyngeal exudate does not prove that a person is suffering with diphtheria any more than pneumococci in the saliva prove the presence of pneumonia. Conversely, a person may be suffering with diphtheria and the bacilli be absent or very difficult to find." (It is not necessary to deny the fact of infection (Hahnemann did not) to recognize also in the observation of these and other teachers a prior and more interior state (which Hahnemann and Hensel did) more fundamental in the disease, yet comparatively or wholly ignored or obscured by devotion to the germ. No query is raised why profound systemic symptoms often develop early, the foul breath, swelling glands and tissues, apathetic face and vital depression evince a thorough systemic illness, while yet local symptoms are indistinct and insignificant. Why also there is such similarity of state in unrelated diseases that differentiation is often difficult and a matter of fine detail, as instance scarlatine.)

Following the above statement that the presence of bacilli does not prove that the patient has diphtheria, said teacher says: "Bacteriological examination gives us the only positive evidence that a sore throat is endangering a household, and conversely it tells us what severe cases of tonsillitis will not endanger others." (Which is certainly as perplexing as that which he would

like explained, *i. e.,* why those of other belief observe quarantine regulations.)

The simplest explanation is that they are compelled to, but I also understand that those who see further into the origin of disease do not deny infection any more than they do auto-intoxication, or traumatism, or atmospheric depressions, but deplore the tendency of the germ theory to limit the whole concept of disease to the objective, and neglect those dominant principles of Homœopathy that have made possible its achievements and distinctive its methods. A moment's digression may illustrate. In a Sherlock Holmes story a captain of Scotland Yards and Mr. Holmes were working on a murder case. The captain had arrested a man whom the more logical mind of Holmes rejected. The captain sneered at Holmes saying, you have a theory, but I have my man; got him on the premises, indisputable evidence. But Mr. Holmes finally got the right man, a giant sailor who had run the victim through with a harpoon and pinned him to the wall, and it was then obvious that the first man arrested was physically incapable of such a feat.

Passing to treatment, said teacher advocates local treatment, but cautions against the use of "caustics and irritants, which seal up drainage and open new avenues of infection." Peroxide and alkaline aqueous solutions are advised, with the rule to use nothing but what the patient may swallow freely and without harm. He urges the careful individualization of remedies and confirms those cited, Mercurius cyanide and biniodide, Kali bichromicum, Arsenicum, Phytolacca, strangely omitting Lachesis, and strongly approves of stimulant, stating (1) that it dilates the blood vessels and helps the heart, and improves absorption and elimination. (2) Some alcohol will be oxidized, and thus serve as food and potential energy, protecting other tissues. (3) It is a direct antidote to the toxine and lessens the toxæmia and prevents nerve depression. It must be of good quality, well diluted and given sufficiently to keep the pulse full and strong. He stands for antitoxin, noting that it has not bettered the homœopathic death rate as significantly as it has the allopathic, but would not reject anything that helps. He sees no reason why a Homœopath should not give a remedy, hypodermically, and asks if the action of antitoxin is not homœopathic (and his colleague says it is not but simply a chemical neutralization), how is it different from Lachesis or other animal toxin in toxic diseases? (This is not a parallel. Lachesis is given to cover its individual pathogenesis, and thereby cures the patient. No such action is claimed for A. T. It is admitted that it does not cure the patient. When it has been proven upon the healthy and individualized, it will then have a claim to Homœopathicity in such individualized case, but not to the name diphtheria.) He controverts his colleague's claim that A. T. is harmless, saying I have no doubt cases have died from it. "I consider the dosage recommended too large. Instead of giving 500 to 2,000 units, I give 250 to 1,000, and repeat in 12 to 24 hours if necessary, but seldom have to give the second dose." "I believe there have been fatalities from overdosing. This may be equally true of Mercurius cyanide which is a powerful heart depressant. The use of antitoxin is to anticipate the disease and supply the remedy that nature would produce, but before she has had time. If this is true (well said) the earlier the better, and the smaller dose will be required, and the less need for a second dose. Thus we must be prepared to give A. T. to all reasonably suspicious cases before the microscope can prove or disprove the diagnosis (although it is of no use in any but Klebs-Lœffler cases.) If delayed until the disease has developed antitoxin we may get medicinal aggravation and hinder rather than help nature. It should not be given after the third day, nor in renal deficiency."

Dr. Palmer emphasizes the statement that antitoxin should not be given after the third day. (This, too, would detract from the claim of Homœopathicity, for if a remedy is homœopathtc to a case, it is equally so on any day indicated. Dr. Palmer does not accord flattering results to the homœopathic treatment of diphtheria here in early days; thinks they did not save over 70 per cent. We have the right and the grounds to question those experiences as representative of Similia, in view of the abundant contrasting records. Dr. Palmer says their diagnosis of diphtheria depended upon the outcome. If the patient died he had it. If he did not die, he did not have diphtheria. We may justly apprehend that this meagre conception of the symptom complex would as surely fail to recognize its similimum. Dr. Palmer has had extensive experience with diphtheria and antitoxin. He believes in starting with 5,000 units, and seldom repeats but once. He cites cases in which Homœopaths have used 500 or 1,000 units and lost cases and their faith in A. T., which he thinks might have been saved with 5,000. Still he would not rely upon A. T. without homœopathic remedies, which he believes are necessary to a cure, and confirms the usual remedies mentioned. He also uses a gargle of Chlorate of potash and Muriate of hydrastis, which serves him best of all the many things tried.

It is a strange conflict of fear and faith these serumites suffer in the conviction that Similia alone can cure, and fear to yield its full and well earned field. One among us says he would not dare treat diphteria with Homœopathy alone, but admits he has never tried. Of course, this is natural and pardonable hesitation at entering an untried path, beset with dangers, but it unfortunately confirms and justifies the taunt of the allopath that a Homœopath does not trust the methods he is supposed to stand for.

Dr. Palmer cites a recent case in a lumber camp, where he found two men sick with diphtheria, one cyanotic and near death. He performed tracheotomy with a jack-knife and a tin spoon, and gave 5,000 of A. T. and Lachesis 6th, and the man got well in two days. Was it A. T. or Lachesis? Gave the other 40 men 5,000 units each, and no other case occurred. If he had given Apis with the same result, the serumite would say, how can you show that other cases would have developed without it? Pasteur, who has centralized the world's conception of disease in the germ, says, "It is the greatest derangement of the mind to reason things as we wish them to be." He seems to have verified this by experience, and occasioned a very embarrassing controversy by it.

Dr. Worcester says: "In the early 70's we had a fearful and extensive epidemic, and, as usual at such times, many very severe cases, and my figures embrace only such unquestionable cases, and in no instance a doubtful case, of which, of course, I had many more. I had 90 marked cases, of which I only lost three, as follows: Boy of 6 years, attacked soon after Christmas. Being the first case at this time I had no reason to suspect diphtheria. Was called in the night and found child unconscious after two convulsions, face flushed, body and neck somewhat distorted. Was told he had been eating a lot of Xmas stuff and was liable to such attacks. He remained unconscious, and in the morning an examination of the throat revealed diphtheria; he died in 24 hours. No. 2. Girl of 8 years and sister had severe cases; both patients doing well and able to be about. One went to the street door and exposed herself to a snow storm, relapsed and died. No. 3. A boy and sister attacked and sister recovered; the boy, 5 years old, self-willed, spoiled, resisted local treatment entirely, and the father only gave the medicine when the boy was willing, saying he thought the fight did more harm than the medicine did good. These were the only cases I lost. The first was practically dead when I first saw him, the second doing well until exposed to the storm, and the third I could not do with as I wished.

The other 87 recovered. My success was so marked that many who never had employed a Homœopath sought me as soon as the case was known to be diphtheria, until I dreaded to hear my bell ring. All cases were treated as strictly Homœopathically as my knowledge permitted.

The only local applications were dilute alcohol, Platt's chlorides, and sometimes Eucalyptus and Hydrastis. If limited to a few remedies, I should place Lachesis and Mercurius protoiodide first, Lachesis high and Mercurius low. Arsenicum 30, Hepar 3x, Phytolacca, Apis, Lycopodium, Rhus toxicodendron and Bryonia all rendered service as needed. The Chlorides and alcohol seemed to have a direct effect upon the membrane. There was very little sequelæ.

I gave as much concentrated nourishment as possible, and in some cases small doses of stimulant. In my long general practice since I have treated many more cases and lost none. I am inclined to think that an average rate of recovery under A. T. may be equal to that attained by the average Homœopath. (This, of course, does not fix the limit of Homœopathy as a science, while A. T. has an acknowledged limited sphere.)

Dr. Worcester says, "Under existing conditions I think a physician would be criticised if he did not use A. T. in severe cases, especially in laryngeal forms, which might prove fatal under the most skillful treatment. While in California, acting as deputy health officer, I treated a mother and child with A. T. They were 30 miles away, and could only be seen every other day, but were under a trained nurse. Both recovered, but the mother had to be sent to a hospital later for sequelæ."

I concede that we may not justly and confidently charge all sequelæ to antitoxin directly; misapplied Homœopathy has similar experience. Indirectly, however, the responsibility is plain that admittingly depending upon antitoxin and neglecting careful study and use of Similia, using homœopathic remedies palliatively to particular functions or symptoms, obviously exposes the patient to more danger of after effects. In other words, sequelæ is a label of not cured.

In corresponding with Dr. Abbott concerning this paper, I found that he also had canvassed this subject, but in rather a more local way, the findings of which were given to the State Society some years ago.

Dr. Abbott satisfied himself on the point I contend for, that Homœopathy by its ordinary prescribers was running ahead of antitoxin, and that its adoption by Homœopaths was largely in deference to public sentiment, developed by allopathic advertising, and he even expects its use may be so abused that a revulsion of feeling may ultimately condemn its use as vigorously as they now extol it, and such opinion has the support of similar history in about all that has come from that source. Dr. Vose talked with me in about the same line before he died.

In using the term "ordinary prescribing," I quote two published cases to illustrate. Case 1. First day, Belladonna 3x, Natrum sulphur and Mercurius iodide, alternately every hour, with Aconite every 15 minutes if the fever run high. Second day. Phytolacca 3x, with Natrum sulphur and Mercurius iodide. Third day, Lycopodium 6x with Natrum sulphur and Mercurius iodide. Sixth day, Apis, Natrum sulphur and Mercurius iodide. Eighth day, continue the remedies and add Mercurius corrosivus. Eight days more followed with Sulphur and Mercurius cyanatus to help Mercurius corrosivus, but the patient died of heart failure.

Case 2. Sister of case 1. First day, Bella-

donna 3x, Natrum sulphur and Mercurius iodide. Second day, Kali bichromicum, Natrum sulphuricum and Mercurius iodide. Third day, Lachesis and Kali bichromicum every hour. Fourth, fifth, sixth, seventh days remedies continued with marked improvement. Eighth day, membrane gone, but slight cough, for which Bryonia 3x with Natrum sulphur and Mercurius iodide, and patient recovered. Both cases also had nascent phenique with every drink of water."

Now is it not easy to see that the second case received its similimum in Lachesis with a rapid recovery consistent with the immutability of that law, even with disturbing repetition, and the impediment of Kali bichromicum which it antidotes. In case 1 there was no marked response to any of the remedies that follows Similia, and evidently no effort to apply Similia, as there could be no four similimums at one time on the same case and some of them antidotes. Shall we then conclude that Lachesis in case 2 was rather a happy accident than science? During the 16 days of case 1 the disease spent itself, the membrane fell off, the urine cleared, and the patient succumbed, some would say to the disease, and others would say to the prolonged, combined and incessant assaults upon the vital force, especially with remedies like Mercurius cyanatus low, against which we have just been warned.

One must be impressed with the marvelously different procedure and results cited by Dr. Nash and others, in the use of a single remedy, in gentle and infrequent dose, followed by a uniform amelioration of the whole symptom complex, and complete recovery in a few days, illustrating what Dr. Boger says in the Preface to his Homœopathic Therapeutics to Diphtheria: "We may not flatter ourselves that we have cured cases running from one to two weeks. The similimum does not work that way, and such recoveries (not cures) show but slight aid from our efforts."

He then illustrates: Case of boy 4 years old. Called at noon and found convulsive wing-like motion of alæ nasi, breathing impeded, on falling asleep is awakened by suffocation, patches on right tonsil, face and neck bloated, pain in larynx when coughing, lip cracked in right commissure, picks and bores at nose. Diagnosed as laryngeal diphtheria, and gave Spongia. Symptoms all grew worse up to 7 P. M. This showed a wrong remedy. I now did what I ought to have done at first, carefully tabulated the symptoms, placing the diagnostic symptoms at the top, and the idiosyncratic symptoms at the bottom, and found I had prescribed on the diagnostic symptoms and failed. Idiosyncratic symptoms called for Arum, which was given in the 200th, and in two hours the patient was easier and began to expectorate freely until 3 P. M. the next day, when he coughed up a number of pieces of membrane, bloody at the margin, with much mucus, and from this recovery went on rapid and perfect."

From many published cases one might have expected this case to have received Mercurius cyanatus and Kali bichromicum on the pathological basis of its being a laryngeal case, but it reminds us of Raue's admonition, that "the symptoms indicating the remedy may lie outside of those which go to make up the pathological picture of the disease." So long as disease attacks different individuals of different temperaments, and different degrees of susceptibility and resistance, and especially with different complications, such as psora, sycosis and syphilis, so long must we necessarily individualize the remedy. And as Kent says, "The more these miasms become complicated with each other, the more the human race becomes susceptible to acute and epidemic disease."

How could it be more plainly stated that every man's illness is a condition peculiar to himself, of and within himself, and can only be cured as such, regardless of a specific germ, and that those who aspire to kill the germ, or neutralize its toxins, or to treat the disease by name, do not make such cures? How else are we to understand the 10th and 11th paragraphs of the Organon? "The material organism, without the vital force, is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by the means of the immaterial being (the vital force) which animates the material organism in health and in disease. When a person falls ill, it is only this spiritual, self-acting vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific influence inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects upon the organism, its morbid derangement only makes itself known by the manifestations of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician; that is, by morbid symptoms, and in no other way can it make itself known."

Concerning this, Kent says: "If there were no disturbing force in the interiors of man, he never would have symptoms and thus disease. This vital force, an immaterial simple substance, everywhere pervades the organism, and in disease its disorder everywhere pervades the organism. Everything that can be seen, even with the finest instruments, is but result. Nothing in the world of immaterial substance, which is the world of causes, can be seen with any faculty that is capable of seeing things in the world of material substance. Fine instruments will enable us to see the finest disease results, which are the out-

come of things immaterial, bacteria for instance. In the course of time it will be shown that bacteria are not disease, nor the cause of disease, but its accompaniment, and that every pathological result has its corresponding bacteria, but the cause of disease is a million times more subtle than these.

"The finest visible objects are but the result of things still finer, so that causation is always within. The morbific agents that Hahnemann refers to may be called viruses, but viruses are often gross,, because they can be seen; therefore, within the virus is its innermost, which alone is capable of forming its outermost, which is the visible virus aggregated. Disease products would thus be harmless but for their innermosts, which in themselves are causative. Bacteria are thus evolved by spontaneous generation. Every virus is capable of assuming form in ultimates, but the cause of ultimates is always from an invisible immaterial center. The things that appear to man's eye are evolved, just as man himself is formed, from a center which has the power of evolving, an endowment from the Creator operating under fixed general laws."

Only by this more interior view can we comprehend why, as frequently illustrated in this paper, a remedy corresponding to the interior state as revealed by morbid symptoms, and which can be revealed in no other way, will in infinitesimal dose promptly restore order to the organism where grosser means fail, or more speedily destroy.

Thus, too, the occult in disease comes closer to our comprehension, having long forced itself upon observation. It is not uncommon for old practitioners to observe that they lose but few cases of a given disease for many years, and then the epidemic type changes, and they encounter a frightful mortality, and, what is the more remarkable and instructive, the student of the occult can foretell the period of such invasion, collectively and individually, as has been demonstrated to some who are hearing this paper. I know that arguments are to be made upon the accomplishments of Serum therapy in the canal zone, in the army, in small-pox, etc., but I caution that such are dealing with the world of appearances only, which are always misleading, and that time will show, as figures already show, that such are not real life-saving methods. Statisticians are eloquent over the great saving of life and wealth to the state and country by the so-called extermination of these devastating diseases. It would be so if the principles involved were right. To the contrary we find the general death rate unchanged. The so-called law of compensation is instanced in Sweden, where in 1825 small-pox killed 1,243 persons, and typhus 3,962, but in 1829 small-pox got only 53, and typhus 9,264.

In 1846 with only two deaths from small-pox the general mortality was 72,683. In 1851, notwithstanding thorough vaccination, small-pox got 2,488, and the general mortality remained only 72,506. In Prague the general mortality was 1 in 32 at a time when small-pox got 1 in 396. Later when small-pox got only 1 in 14,741 the general death rate was still 1 in 32.

In a 30-year table of mortuary statistics in Glasgow we find a similar condition. Small-pox decreased from 19 per cent. to 4 per cent., and measles increased 10 per cent., and general average death rate unchanged. In 1832 cholera replaced fever almost entirely as a cause of mortality, affecting about the same class of people as die of typhoid. During 8 years, when the plague destroyed 14,752 persons, the general mortality was only 477 more than when the plague got 171 persons. What is true of the old countries will in time be found true here, and the apparent saving in yellow fever and typhoid will be fully offset in other forms of zymotics that will sustain the general mortality. Pardon the digression. It seemed necessary to show that zymosis continues a constant quantity, though showing various and subtle changes in appearance. One form after another fades away, and another takes its place, and the death rate goes on with singular uniformity. The law of vicarious mortality is amply shown in every table of mortuary statistics. Hahnemann saw these things, and others are seeing them, and studying them to-day, and are not misled by the spectacular and confusing demonstrations which claim signal success for a season, only to be as soon abandoned and forgotten.

To resume. In a personal letter to me, Dr. Boger says the theory of antitoxins was thoroughly discussed at a recent meeting of the I. H. A., and decided that they were not homœopathic, because no remedy capable of producing anaphylaxis can possibly be similimum."

This, however, may not check the enthusiasm of some whose conception of antitoxin as homœopathic, might ultimately lead them to prescribe the 3x trituration of human hair as a remedy for baldness.

Of this book, Dr. Boger says: "It was borne of a bitter experience, but has been the means of leading me into true homœopathic prescribing, so that it has been many years since I have lost a case. The last 17 cases of membranous croup have all recovered. Such results are not claimed by the most strenuous advocates of antitoxin. In my experience the relative values of remedies in diphtheria is about as follows: Apis, Arsenicum, Baptisia, Kali bichromicum, Lac caninum, Lachesis, Lycopodium, Mercurius cyanatus, Mercurius iodide flavus, Mercurius iodide ruber, Phytolacca, Rhus and Sulphuric acid.

"Laryngeal type, Bromide and Lachesis. Nasal type, Kali bichromicum, Lycopodium and Nitric acid."

"The great Guernsey says, I have seldom any trouble with this formidable disease, when no in-

terference is interposed to the application of pure and simple Homœopathy." "Dr. Boger says Hering and Lippe treated about 200 cases each, with only one or two deaths." He sent me the latest statistics, compiled by Dr. W. A. Dewey from homœopathic and allopathic hospitals, physicians and boards, in France, England, Germany and United States, that have been carefully collected and represented only unquestioned cases from authentic sources, and give Homœopathy a mortality of 4.5 per cent., allopathy (in pre-antitoxin days), 34 per cent., and under antitoxin 12 per cent., and comments that even these figures are of doubtful satisfaction to a true Homœopath, by which I infer that he feels that Homœopathy as a science is entitled to a much lower rate, as is certainly indicated by the results of its most skillful prescribers.

Dr. Peterman, in *Medical Century,* September, 1912, on "Homœopathy Pure and Simple," says: "I have not lost a diphtheria case in 42 years, and only had one bad second case in the same family. Never used antitoxin or a prophylactic. The indicated remedy is my prophylactic to the rest of the family. The men who taught me did not worry about fleas, flies, rats, bacteria and bacilli. They treated the patient, not the bug. I have been in three cholera epidemics, and what were the remedies in one were not in the others. How a typhoid vaccination can meet a typhoid epidemic in Europe, Asia, Australia, United States, Canada as well as in Panama, is not clear to me. As long as I can cure meningitis, pneumonia, typhoid fever, diphtheria, scarlatina, whooping cough, all and everything in as many days as it takes others weeks and months, I stick to Homœopathy pure and simple. If I fail, others fail oftener, and my patients are well where others are maimed for life."

Dr. Dewey says his statistics show that the best results of antitoxin have never equaled the worst mortality of Homœopathy in careful prescribers all over the world, which has not gone over 10 per cent., and with the maority has run from 4 to 7 per cent., and that all such prescribers acknowledge that no benefit derives from a combination of antitoxin and Homœopathy.

Dr. Kroner, of Germany, instances 69 cases of diphtheria, 61 of which he treated Homœopathically, losing two, the other 8 were treated with antitoxin and Homœopathy, and 3 died. In the same article he mentions the discovery of Mercurius cyanatus by the old school, and its record empirically used.

A Dr. Sellden, from 1879 to '82, treated 564 patients with the usual measures of his time, Chlorate of potassium, etc., losing 523, or 92 per cent. In 1883 he treated 160 cases, 132 with Mercurius cyanatus, losing one; the other 28 treated in the old way, all died. In all, up to 1888, he had treated 400 cases with Mercurius cyanatus, with a mortality of 4 per cent. Other Swedish physicians report a total of 1,400 cases treated with Mercurius cyanatus with a mortality of 4.9 per cent.

Dr. Von Villers, Homœopath, of St. Petersburg, used it as indicated in 100 cases, losing none. Thus the use of Mercurius cyanatus, even allopathically, having a mortality record below 5 per cent., twice as good as antitoxin, and moreover useful in fully developed cases, and those of most malignant type, is still unadopted by that school, illustrating an early expression in this paper, that allopathy would adopt nothing that suggested Homœopathy, however beneficial.

Serumites affirm that antitoxin is excellent in the onset of the disease, less so on the second day, still less on the third day, and useless thereafter. Homœopathy has remedies for all stages, and cures cases that have been abandoned by serumites.

Von Villers' success with Mercurius cyanatus seems to have led him into the error of thinking and urging Mercurius cyanatus as a specific in diphtheria, a hope shared by one of his colleagues, who ultimately arrives at a more sensible conclusion, *i. e.*, that Hahnemann's famous advice, "Imitate it, but imitate it with accuracy!" has especial significance in this case. "Some physicians used Mercurius cyanatus with only fair results, and others found no benefit at all. Apart from its not being specific, or in all cases the similimum, if Mercurius cyanatus in the 12th, or 30th, or 200th, will promptly cure diphtheria in given cases, it does not follow that the 2 per cent. will have the same effect; but quite likely the opposite effect would result from this material dose of so powerful a poison. It is well known that there exists an antagonism between material and dynamic doses of the same remedy, and the idea that the stronger the dose the quicker the cure, is nothing less than a repudiation of Hahnemann's teaching. While Homœopathy does not consist of infinitesimal doses, such doses are a very essential part of homœopathic methods in given cases, and the nearer similimum a remedy is the more harm it will do in a material dose where it otherwise might effect a cure.

This paper being already too long, I omit what I had intended to make prominent, *i. e.*, some evidences of prevailing errors in the germ theory as set forth in Béchamp's Le Sang, and merely point to that interesting work, as one that every physician should read, before deciding between serum and Similia. He will see in new light the shifting and uncertain experiments that left Pasteur and his following where they are, foreshadowed with the failures that came to Koch lymph, Salvarsan, cancer cures, and all of their kind. As Dr. Tripier tersely and conclusively admonishes the enthusiast of specific causation and medication, "They should be mindful that a morbid state is the concurrence of many conditions, and that however specific a cause may be

a single cause is no cause at all;" wherefore follows the failure and calamities that attend specific methods.

In the discovery of the third anatomical element of the blood, Béchamp has penetrated far beyond the bacteriologist, finding an absolutely imperishable organism and its function in health and disease, which explains the mysteries of coagulation, fermentation and putrescence, in a manner that, whether compelling belief or not, should not fail to be considered by every student of morbific influences.

It appears that this great work was suppressed by a conspiracy of silence, and the erratic work of Pasteur, who happened to be a courtier and a diplomat, successfully substituted in the authoritative circles, a precedent so common to the struggles of truth, and of which Homœopaths are painfully aware in the sufferings of their own Hahnemann, that among them at least, it should find willing investigators. [Read before the Homœopathic Society at Portland, Me., Sept., 1912.]

ERIGERON.

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

A LIFE LINE.

WHEN hospital reports tell us that at least 75 per cent. of operative work is due to the ravages of gonorrhœa; that the greatest factor in exciting pus-kidney, chronic nephritis and many of the pelvic difficulties found in the female are due to the gonococcus; that gonorrhœa furnishes a state of disorder of the greatest magnitude for the *finishing touch* of tuberculosis, I am fully aware of the oft-repeated reminder that prevention is better than a cure.

How often these cases present themselves before you and what shall be done with them?

Cure them if possible.

Erigeron is one of the life lines.

Erigeron gives us a picture of the frugal, frazzled end of gonorrhœa or gleet. Vesical catarrh, dysuria, hæmorrhages from bladder or urethra. Rheumatic pains in hip, knees, ankles, elbows and wrists; all worse in rainy weather and at night.

It is at this frazzled end of clap when the system is running at low tide. And at the same time the victim begins to show a hectic state, a slight cough coming on, a cough with expectoration of blood-streaked matter, hard pains in the lungs with great difficulty of lying down. With all of these conditions present we are justified in thinking our patient is in the incipient stage of phthisis.

Here is where Erigeron has done more for my cases than any other medicines I have ever used. Many times have I witnessed the most pleasing results in such cases, the hæmorrhages stopping in a very short time, the cough diminishing, often completing the cure, whilst other thus suitable homœopathic remedies must follow to conplete the cure.

If these few words will cause you to look up this valuable remedy and use it accordingly I can assure you many a poor fellow will call you blessed if he don't give you any more.

Study this burning, bleeder, which is always made worse by motion or extra exertions.

THE MEDICAL TREATMENT OF PTERYGIUM.

BY F. A. BROCKMYRE, CANANDAIGUA, N. Y.

WHILE eminent authorities on diseases of the eye have and still claim that medicines are useless in the treatment of pterygium, and that operation alone is curative, the fact remains that the majority of cases are amenable to medical treatment. In that class of cases which gives the patient most discomfiture the medical treatment proves most successful. Recent pterygia, those which grow rapidly on account of their great vascularity, and inflamed pterygia are the ones which respond promptly to treatment.

It is generally admitted that pterygium is a vascular, fleshy growth. Primarily increased vascularity of a portion of the ocular conjunctiva takes place as the result of an irritant more or less prolonged. This irritant may be a marginal corneal ulcer or the prolonged action of dust, as in stone cutters, miners, coal handlers, etc. The frequent coincidence of pinguecula, which are also due to prolonged irritation, has erroneously led to the belief, by some, that pinguecula cause pterygia. Once an increased vascularity is established, naturally overgrowth of conjunctival tissue ensues. To shut off the blood supply then produces atrophy and finally obliteration of the growth. Some undertook to do this by ligation. This operation and its consequences, however, proved to be a greater evil than the disease itself.

Adrenalin 1-2000 in normal salt solution, instilled, one drop every three hours, will constrict the blood supply, and if continued for three to six weeks causes complete disappearance of the growth.

Of course causative factors should be eliminated. Those whose occupations expose them to the irritation of dust, etc., should seek other employment. Corneal ulcers, if they exist, must be removed by proper treatment.

While under the Adrenalin treatment most patients are allowed to go about their work.

In my experience astigmatism rarely exists after this form of treatment. We must all admit that it frequently exists after excision, transplantation and the cautery.

The frequent occurrence of astigmatism after pterygium is more often the result of contracting cicatrix than of the pterygium itself.

No pterygium should go untreated. Even those which are stationary, and do not interfere with vision, subject the patient to frequent attacks of conjunctivitis on account of the sulcis under its borders, which catch dust and bacteria. A stationary pterygium at such times may become inflamed and rapidly progressive.

EYE DISEASES CAUSED BY GENERAL DISEASES.

BY CHARLES LESLIE RUMSEY, A. M., M. D.

IT is my effort to address you briefly on diseases of the eye which occur during the progress of the so-called general diseases which the physician is called to treat. It was the writer's attempt to systematize the diseases of the eye caused by the general diseases as the various affections of the eyelids caused by general diseases. It was thought to state affections of the eye from the general diseases with which you are more familiar would be more interesting and profitable.

Coma should always lead to a thorough objective examination of the eyes. If uremic, albuminuric retinitis may be found. If narcotic, extreme myosis (contraction of the pupil), which is equal in both eyes. If apoplectic, there is myosis and inequality of the pupils with conjugate deviation of the eyes. Mydriatic (atropine) poisoning is revealed by extreme dilatation of the pupils.

Headache, if persistent or frequently recurring, should always evoke careful investigation of the eyes. Eye strain is its most common cause. The headache of the eye strain is not of any special character; it may be constant or intermittent, slight or severe, felt only on the use of the eyes or felt only after the use of the eyes. Such headaches are generally felt in the frontal, temporal or occipital regions. In place of headaches there may be vertigo and nausea accompanying the eye strain. Where there is nausea and vertigo with headache, there is usually a muscular complication with the error of refraction. In this connection the writer would like to impress his hearers with the fact there is often notable absence of pain in diseases of the eye which, unless immediately remedied, would mean blindness. Thus, severe inflammation of the optic nerve and retina or a plastic inflammation of the choroid coat may run its course without giving rise to any pain whatever.

In diseases of the nervous system I have included these most prominent diseases: In sclerosis of the spinal cord we have the loss of light reflex of the pupil (Argyll-Robertson pupil), which occurs in three-fourths of all cases. Epiphora (overflow of tears on the cheek) is a frequent symptom, being due to a relaxation of the lid, and some authors say also to a hyper-secretion. We have also a paresis or paralysis of one or more ocular muscles. Probably the most important symptom is the gray optic atrophy. When it occurs in the early stages it usually antedates the lightning pains, gastric crises or taxic symptoms for some years. In diseases of the trifacial nerve we may think of neuroparalytic keratitis, which is ulceration of the cornea similar to herpes zoster, or the possibility of a glaucoma (which may be due to the depressed nervous system from the severity of the neuralgia).

In epilepsy: There are some oculists of authority who claim the removal of epilepsy by the removal of eye strain. I would rather believe that epilepsy can come from a reflex origin which would be an expression of intense pain somewhere along the route of the cerebro-spinal nervous system, so would require a more careful differentiation of symptoms to secure the probable cause in diagnosis. This should cause greater hesitancy in resorting to bromides or any palliating measures which may be of efficacy in one set of cases, and complicate another set of cases, to cause difficulty in diagnosis, and, therefore, injury to your patient. The writer has had the opportunity of noting narrowing of the retinal arteries at the beginning of an attack, and marked distension of the retinal veins at the close. There may be acchimosis, cataract and concentric narrowing of the field of vision from these attacks. Chorea is attended with irregular action of the eye muscles. Habit choreas (habit spasms) are difficult to overcome unless the relief to the eye strain by glasses gives immediate relief to the habit chorea.

Neurasthenia is often attended with pain connected with the use of the eyes, and generally has a muscular error associated with it. It is the writer's experience that he would be forced to take cognizance of an eror in neurasthenics which he would pass over in other individuals.

Hysteria may present many eye symptoms. The most characteristic is the concentric contraction of the field of vision. The writer has known of hysteria being entirely cured by the relief of eye strain. Where the prescribed glasses, though they relieve the eye strain, do not relieve the hysteria, the writer has often found the use of the glasses to aggravate the hysterical condition. Mind blindness, inability to receive a mental impression from objects seen; word blindness, inability to recognize written or printed words; letter blindness, inability to name letters although words are understood; dyslexia, insurmountable difficulty in reading although the patient possesses perfect sight and can read a few words at a time, are all conditions of important significance and must not be confused with impairment of vision.

Diseases of the circulatory system and kidneys: Anæmia, if severe, causes characteristic ophthalmic changes. Where the anæmia is from hæmorrhage and the patient becomes suddenly

blind, the optic disc becomes pale, which may go on to optic atrophy. If anæmia be diagnosed and properly treated, the optic atrophy is prevented. If it is seen at a later stage, there is at least a partial recovery of sight, unlike the optic atrophy from locomotor ataxia. In leukemia or pernicious anæmia, with the pallor of the fundus, there exists retinal hæmorrhage. In diseases of the heart, distension of the right heart and the venous system causes distension and tortuosity of the retinal veins. Endocarditis may give rise to embolism of the central retinal artery. Hæmorrhage into the retina without accompanying inflammation has always been grouped in my mind to indicate—

1st. Increased blood pressure, such as occurs in hypertrophy of the heart and in valvular lesions and in suppressia menstruum.

2d. In diseases of the retinal vessels.

3d. Morbid states of the blood.

Where there is general œdema due to heart disease, one may notice an œdema of the eyelids upon arising in the morning. In aneurism of the aorta there may not only be an embolism of the retinal artery, but a widening of the palpebral fissure and exophthalmos through irritation of the cervical sympathetic.

In renal diseases, albuminuric retinitis occurs chiefly when, after a period of high arterial tension, the circulation begins to fall. The retinal lesions are so directly connected with the vascular condition, and the retinal vessels are so largely affected in the process, that it would seem to the writer that albuminuric retinitis belongs more properly with circulatory than with renal disorders. In some cases no albumen may be found in the urine, and no symptoms of kidney disease may be noticed, but marked advanced angiosclerosis is always present. The kidney disease with which it usually occurs is chronic interstitial nephritis, although albuminuric retinitis may attend the large white kidney (chronic epithelial nephritis; parenchematous nephritis), or the large red kidney (acute nephritis), or albuminuria of pregnancy. Patients survive two years after albuminuric retinitis.

Diabetes often has an accompaniment of cataract; the cataract of which is an irregular diffuse clouding of the lens. Retinal hæmorrhages are not uncommon. It might be noted that diabetics are often subject to sudden and great changes in refraction of the eye, which are in relationship with the changes in the amount of sugar in the urine.

Among the diathetic diseases I mention, first, rheumatism. The writer would mention, first of all, rheumatic iritis. It usually attacks but one eye, and is specialy liable to recur. It is marked by the early formation of synechia, which bands are easily torn asunder under the influence of a mydriatic. In this connection the writer would mention rheumatic endocarditis, which he has seen to cause embolism of the central artery of the retina. Also the chronic rheumatic inflammation affecting the sclerotic coat of the eye, causing the persistent and frequent outbreaks of episcleritis and even keratitis. In gouty conditions the iritis is insidious and very much less violent than the rheumatic iritis. It might be well to speak of glaucoma and cataract occurring in persons of a gouty tendency.

Scrofula has largely been merged in tuberculosis, but there are certain diseases of the eye distinctly associated with one having a marked pasty, inelastic, rough skin, liable to eczematous eruptions and tendency to catarrhal inflammations of the mucous membranes, disordered digestion and anæmia. These individuals have a tendency to marginal blepharitis with a phlyctenular conjunctivitis and keratitis. Tuberculosis of the eye is rare. Tubercular diseases of the brain cause the same ocular symptoms as other organic brain diseases. It is in this manner that the eye is affected, though it may have a primary lesion in the lids, as mucus, or in the choroid coat, etc. In syphilis the primary sore may occur on the lids or on the conjunctiva, especially on the curuncle and the palpebral portion which is over the secondary lesions involving the uveal tract. Iritis may be the result of the secondary symptoms, or one of the latest. This yields early to specific treatment, without which means disaster to the eye, owing to the fibrinous exudate that forms over the lens and capsule, leading to blindness. It is the syphilitic optic neuritis, the choreo-retinitis, the choroiditis and the dust-like opacities of the vitreous humor that are so intractable, often not responding to the specific treatment, except to prevent its spread.

Tarsitis and paresis of the ocular muscles are more often due to tertiary syphilis. It must be remembered that syphilitic diseases of the central nervous system, types of which we are all so familiar with, and even of other organs of the body, may give rise to the concomitant eye affections. In inherited syphilis we have Hutchinson's teeth with their significance. It must be remembered that Hutchinson's teeth are only exhibited by the permanent teeth. The milk teeth are generally poor, decaying often down to the gums before they are replaced. The writer has seen this condition of the milk teeth occurring in poorly nourished children. Therefore the ocular manifestations may add one very much in the early diagnosis of inherited syphilis, where you can note the interstitial keratitis and the accompanying iritis and keratitis. There may be also retinitis pigmentosa, though that is more frequently found in consanguinity of marriage.

In gonorrhœa we have the purulent conjunctivitis with their complications and sequels of suppuration of the cornea leading to permanent blindness. If we have not seen this condition in adults, we may have had some harrowing experiences of this kind of ophthalmia in the new-

born. Another eye complication seen in gonorrhœa is the iritis which may appear early or later with the joint involvement. When it is early it is usually acute, with excessive plastic exudation. It usually yields to treatment and ends in good recovery. When it occurs with the joint involvement, it is much less violent and has a tendency to continually relapse. In the malarial poison we have certain forms of chronic keratitis and malarial neuralgias which involve the ophthalmic branch of the trifacial nerve. Where we have atrophy and anæmia of the retina the writer is inclined to believe these ocular manifestations more frequently come from the use of quinine than from the malarial poison.

In acute infectious diseases, it may be stated in general terms, we have a hyperæmia of the conjunctiva, developing into a conjunctivitis with photophobia. In measles, without the care of a conjunctivitis, we have often observed a lowered resisting power of the eye, the most prominent symptom of which is the persistent asthenopia; this is particularly noted if the patient has had a previous difficult refractive error. There seems no obvious cause for this until we have elicited from the parents whether the child has had measles. There has been observed in these cases a corneal ulceration resulting from the lowered vitality of the tissues of the eye. These cases require most careful hygienic treatment of the eye to restore the resisting power and give capacity for work.

In scarlatina the eye complications are not so frequent. The most important ocular lesions due to scarlet fever are those of albuminuric retinitis. In diphtheria we may have the classical diphtheritic conjunctivitis with obstruction of the cornea. The more frequent complication is the diphtheritic paralysis of accommodation, which comes on during convalescence and lasts several weeks. Paralysis of the extra ocular muscles may appear months after the diphtheritic attack. This necessitates careful examination into the history of children. The writer has known convergent squint to be established by excessive efforts during the period of weakened accommodation. It is in this connection the writer would urge the unremitting care that should be given to the eyes of children by the family physician. Practically speaking, the child's future, its education, its livelihoood, the appreciation and enjoyment of all the beauties of creation, depend upon the preservation of the eye sight. Many children are early deprived of this faculty because of the neglect to observe the common law of hygiene. The most prominent factor is the pernicious school influence. The writer wishes simply to bring to the attention of physicians the disadvantages of the kindergarten system, owing to the use of the eye for fine lines and variegated colors, the neglect of proper lighting of the school room, the inferior quality of paper and printing, etc. School books should have a type sufficiently large and distinct with sufficient spacing between the lines of at least 2 mm. to take all strain from the eyes. Children from ten to fifteen years of age are apt to do an inordinate amount of reading, which taxes their eyes in addition to their school work. Children should be prevented from reading while riding in cars, or while in a recumbent position. The desire to read during convalescence is sometimes irresistible, but should be discouraged and forbidden in those diseases of childhood which I have already mentioned. The writer is glad to know that slates are discarded because being uncleanly; the written characters, from want of contrast, are indistinct. Too much study at home should be discouraged. It is suggested that the physician should inquire of the light and the posture of children while studying their lessons. Frequently, too, the work is carried on after the child becomes sleepy, an evil which should not be allowed to exist. Blackboards should be washed with a sponge and water, and not be allowed to become grey under the use of the ordinary eraser. In spite of these and other precautions, many children still exhibit a marked tendency to near-sightedness, with a lessening capacity of work for the eyes. It is the careful eliciting of the habits of the child that becomes requisite to overcome this imperfect sight.

I have casually mentioned these facts in relation to the general diseases of the eye to impress my hearers with the need of attention to these matters in convalescences of childhood. While they are worthy of note at all times, let me repeat they especially require attention during convalescence from childhood disorders.

In influenza there is a period of nervous depression, during which paresis of accommodation and excessive asthenopia or fatigue from use of the eyes are common. With a tendency of a disease to the eye, it has been observed that grippe will lead to an optic atrophy, a lens opacity which is cataract, and a glaucoma.

In whooping cough the only complication that has been observed is hæmorrhage in the conjunctiva, due to the violent straining of the coughing spells. However, writers frequently speak of optic atrophy connected with whooping cough. Mumps may cause œdema of the lids; exophthalmos and optic neuritis have been reported.

Cerebro-spinal meningitis usually affects both eyes, or we observe thrombosis of the retinal veins and retinal hæmorrhage. Conjunctivitis is specially common. Abnormalities of the pupil are common, with paralysis of the extra ocular muscle. Purulent inflammation of the uveal tract occurs later in the disease, causing blindness.

In small-pox, suppurating corneal ulcer, which appears near the end of the second week of the disease, is not infrequently associated with it.

Where this eye condition is not carefully treated in the beginning, it usually leads to blindness by opacity of the cornea. It is difficult to overcome later stages of this disease.

Erysipelas of the eyelids is liable to involve the eye unless it causes meningitis. If it extends into the orbit, it causes a retinal thrombosis with optic neuritis, developing into optic atrophy.

In typhoid fever the eye may be attended with a catarrhal conjunctivitis, and is frequently succeeded by a decided weakness of accommodation. In the convalescent stage physicians should be cautious in the patient's reading, owing to this weakness of accommodation. In pyæmia and septicæmia, when the eye is involved, there is usually a thrombosis with retinal hæmorrhage, and later purulent inflammation of the choroid coat, which lead to a pan-ophthalmitis from the septic embolism.

The writer calls attention to the intimate relationship between the eyes and the nose, as illustrated in catarrhal rhinitis. The latter disease, catarrhal rhinitis, induces inflammation of the eye through the tear channels. This is especially noted where there is a scrofulous diathesis. In cases where there is an eczema of the skin with a catarrhal rhinitis we have a phlyctenular conjunctivitis and a phlyctenular keratitis. The oculist will find a frequent repetition of the disease unless the nose is relieved.

WHAT IS HOMŒOPATHY?

BY ROYAL S. COPELAND, A. M., M. D., NEW YORK CITY.

"WHEN years after his death the world agrees to call a man great, the verdict must be accepted. The historian may whiten or blacken, the critic may weigh and dissect, the form of the judgment may be altered, but the central fact remains, and with the man, whom the world, in its vague way, has pronounced great, history must reckon one way or the other, whether for good or ill." But to properly measure a man, long since dead, we must know something of the time in which he lived; something of his environment; something of his contemporaries. If, as was Hahnemann's case, the subject of our study belonged to one of the learned professions, we must know, not only his own personal attainments, but also how these compared with the most advanced thought of the medical leaders of his time.

Samuel Hahnemann, born in Saxony, a century and a half ago, was the founder of the Homœopathic School. Medicine, in his day, was a mass of chaotic and unscientific pretense. Disease was looked upon as due to the presence in the blood of certain so-called humors or morbid products. The removal of these by means of large doses of powerful drugs, the nature of whose action upon the organism was not understood, was considered necessary to the restoration of health. It was thought that drawing large quantities of blood from the body accomplished this; therefore, without regard to the nature of the disease which affected them, all patients were bled. Disease was considered to be a material entity, which had to be destroyed, without regard to the effect on the body of the measures and drugs employed. Besides many drugs yet familiar to the profession, it was common practice, in that time, to prescribe such things as hearts of vipers, earth worms, green lizards, live frogs, river crabs, and, to quote from a famous old prescription, "shaving of a man's skull that dy'd a violent death."

In opposition to the prevailing, crude and disgusting ways of treating disease, Hahnemann proposed the simple and scientific method that has become the rule and guide of a great and growing profession. Hahnemann and Homœopathy are so intimately related that to think of one must be to consider the other. The Hahnemann of history lives in the Homœopathy of reality. To properly estimate Hahnemann, the physician, we must take the record of the multitude of his cures. To appreciate Hahnemann, the scientist, we must consider the man who promulgated, for the first time in history, a law of practice universal in its application. It was not alone for the eighteenth century and for Germany; it was for the twentieth century and for us.

The ordinary man is satisfied with his surrounding and contented if he possess the talents common to most of his professional brethren. The legal standard is high enough for him and, as we all know, that requires of every physician simply an average degree of intelligence and average professional skill. The men in medicine who have taken positions far in the lead of their colleagues are conspicuously few in number. By the very nature of his calling, his vital relation to human life, the physician is conservative, ultra-conservative, in fact. He knows enough of the human organism to realize it is not a machine to be dealt with as the mechanical engineer deals with the problem presented him. Furthermore, the human organism differs from the machine, too,—the doctor's problem has a throat and it is capable of vocal protest against would-be experimenters.

This prejudice against innovations in medical practice has prevailed for all time; indeed it is so pronounced that in some countries it has been customary to mete out punishment to the practitioner departing from the recognized and standard methods of treatment. In old times burning at the stake and burying alive have been favorite rewards for the genius who thought to attach his name to an advanced idea in medicine and in China to-day when a patient dies from a novel treatment the doctor is forced to take his punishment in like form. The modern way is not so trying physically, but Samuel Hahnemann

in his lifetime could testify to persecutions most vexatious.

But in spite of opposition from a profession naturally unprogressive and unnaturally jealous, Hahnemann, the physician and scientist, promulgated a theory of cure and a method of drug administration that for a hundred years have proven to be an unconquered fortress against the assaults of every foe. To-day, this theory of cure, while unaccepted by the dominant school as a law of nature, is verified in every procedure of its practitioners, at least in every procedure regarded by those therapeutic agnostics as being among the certainties, the verities of practice. With the consideration of Hahnemann's method of drug administration, our sup of joy o'erfloweth. Ridiculed and laughed at for a century, the scientific world has come to admit that Hahnemann was the chief scientist of his time. Not only so, but his doctrine of the efficiency and increased efficacy of drugs in infinite dilution is accepted to-day in every laboratory of the world.

LIFE AND HEALTH.

To the lay mind, health and disease are terms which define conditions, one desirable and the other to be avoided. Beyond this vague mental description no further thought is given the problems which vex and perplex the scientists and divide the medical profession into great factions or "schools." With the conflicting and vacillating opinions of the past, it was necessary to be something of a mental gymnast to keep abreast of the rapidly changing ideas of scientific thinkers. Fortunately, however, this chaotic condition is giving way to an orderly arrangement of established facts and, to-day, we know for a certainty many very interesting things about health and disease.

It is now believed that life depends upon the activity of the bodily cells. Going from the gross mass of the body to the separate and distinct tissues and from these to their minutest portions, it has been determined that the smallest possible division of living matter, capable of form and function, is the cell. The infinitesimal size of the cell is something amazing; in the liver, for instance, it has been found, by careful measurements and estimates, that a single cubic inch of that organ consists of *156,000 million* separate and distinct cells!

Health depends upon the well-being of every cell of the body. Each cell must be nourished and refreshed, waste products must be carried away, and new material supplied as required. In the light of present knowledge, disease consists of some disturbance in the metabolism of the cell. By this term, metabolism, we mean the balance or equilibrium which exists between food supply and waste; normally, this condition is reached when the active cell constantly receives and assimilates precisely the right amount of exactly the proper food. In diseases this ballance is disturbed; insufficient or improper food interfere with the cell, causing it to be over-active or under-active, or to die. Then the individual becomes conscious of certain symptoms which are indicative of disease, and the physician's duty begins.

THE SMALL DOSE.

With this much scientific knowledge, briefly stated though it is, the lay mind will at once appreciate that medicine, to be of use to one of these bodily cells, must be administered in such form and quantity as such an infinitesimal thing is capable of receiving. One might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a cell. Only a very, very minute portion of such a dose, relatively so enormous, can be appropriated by the diseased cell; the untouched portions of the dose are in the systems as a menace to myriads of other cells, which may be and probably will be poisoned by the unwelcome drug. Perchance the cell or cells originally diseased may be restored to health, but the patient has gone from Scylla to Charybdis by having thrust upon him an illness quite as bad or worse, the direct result of drug action.

The quantity of medicine to be given in each dose bears no essential relation to Homœopathy; it is the privilege of the prescriber to administer a grain, an ounce, or any amount which appeals to him as required by the patient. The homœopathic physician believes, however, that the "minimum dose" should be administered, that is, that the smallest possible quantity, capable of relieving the need of the patient, should be given. This is the ideal prescription, because it exactly supplies the demand of the diseased cells, without disturbing other normal cells. In practice, therefore, the homœopathist usually dispenses small doses.

The popular notion that the strength or power of a chemical is in direct proportion to its mass is no longer the view of scientific men. It is now held that a very small amount of a drug or chemical, when perfectly dissolved in water or some other liquid, is much more potent than a thousand times as much of the same chemical in the dry state or imperfectly dissolved. This is the teaching of every laboratory of the world. Practical application of this fact is found in the modern use of blue vitriol in purifying water. A quantity so small as to have no effect upon the cells of the human body is yet capable of causing the death of certain algæ which possess a selective affinity for this particular chemical.

In the human body the cells of particular parts possess this same selective affinity for certain drugs or chemicals. When an infinitesimal amount of silver, for instance, is taken into the system, it may be found in certain tissues of the brain and always there, when it cannot be discovered elsewhere. Those of us who followed Bryan always resented the imputation that silver had gone to his brain. Thus it is apparent that when any cell of the body lacks a given element

necessary to its well being its power of selection of the missing element, or "tissue proclivity," as it is termed, enables it to appropriate the same from the blood stream if it be there in ever so minute quantities.

It will be seen, therefore, that the efficiency of the small dose and the capability of the human system to appropriate and utilize medicine administered in minute quantities are facts based not upon a vagary of the imagination, but upon the most modern of accepted truths.

THE LAW OF CURE.

Not only does the homœopathic physician prescribe the "minimum dose," but also, in selecting the remedy for given symptoms of disease, he employs a fixed formula, expressed by the Latin phrase, Similia similibus curantur, translated "Similars are cured by similars," *i. e.*, like ailments are cured by like remedies. The possible existence of a law of cure is denied by the dominant school. The latter scoffs at the "theory of Similars," and, in prescribing, depends largely upon experimental and empirical methods. That is, the physician of the dominant school in treating scarlet fever, for instance, tries this, that, and the other remedy, which he thinks might possibly be of some use, until he hits upon one which seems to control the issue of the disease. Or he prescribes in the condition this, that, or the other remedy which has obtained a reputation for usefulness in this disease. The first of these methods is, of course, experimental, and the second empirical in the extreme. Besides these, excluding the use of remedies which act simply in the clinical sense as neutralizing agents, a physician of the dominant school has but one other method of therapeutic procedure. This is to prescribe "allopathically," that is, to give a remedy which, by reason of its drug action, produces symptoms the opposite to those induced by the disease. To illustrate: If the patient have fever, some drug is given to forcibly hold the heart, thus preventing its rapid action with the resulting increase of temperature; or, in flagging heart, the organ is whipped on and forced into more rapid action by the administration of a stimulant, like whiskey or strychnine. Such practice is too often fatal in its results and, in any case, the reaction from or secondary effect of such treatment is bound to be pernicious.

With no fixed formula and no unity of thought regarding the use of medicine, every physician of the dominant school is authority unto himself in the selection of his remedies. The result is, that for any given disease, or set of symptoms, there may be as many different prescriptions as there are doctors in the dominant school.

SECTARIANISM.

The homœopathist is frequently called by the dominant school a sectarian and in terms of opprobrium accused of sectarianism. Homœopathy, then, is a sect. Does it therefore differ in this respect from the other school? The word *sect* is defined as "a body of persons distinguished by peculiarities of faith and practice from other bodies adhering to the same general system." It is a party or faction.

In the light of this definition, the accepted one, is the dominant school free to cast stones? Let us pause a moment to inquire into their practice.

Hare, of Philadelphia, declares his faith in the usefulness and efficacy of drugs as a means of restoring health.

Osler absolutely abandons drugs and looks upon them as useless and many times harmful.

Abbott advocates the alkaloids as universally applicable and beneficial.

Trudeau disregards internal medication and considers the out-of-door life and forced feeding as the essentials in practice.

Kellogg considers disease only in its relation to metabolism, and, standing in the high place of liberal medicine, broad and unsectarian, proclaims to all the world that the vegetable diet is the one and only means of cure for suffering humanity.

General Terry wrote me recently, saying that every patient admitted to the Battle Creek Sanitarium has a most careful examination, blood count, chemical analyses of the excretions and secretions, but, strange to say, all paths lead to the one goal—the "shadow" diet. Second curing.

Studying the announcements of the specialists, the wondering sufferer discovers that Dr. A. uses electricity exclusively. The "life currents" are disturbed, and, to follow nature's way of cure, electricity is the proper treatment for all diseases. Dr. B. depends upon phototherapy. The X-ray, the Finsen light, the leucodescent light—in one of these is healing for the nations. But along comes Major Woodruff who says nay to all this. Sunlight, he declares, is fatal to the nervous system, and to live long and be happy one must keep in the valley of shadows; the mortality rate is highest where the light is brightest, and longevity is promoted by dwelling in the rainy and gloomy regions of the earth!

The next specialist consulted is a rythmo-specialist, who has a jiggling machine for every vital part. In common with the hydro-therapeutist he seeks to increase phagocytosis and, by active or passive hyperemia, to accomplish the healing. Then there are the serum-therapy and the organo-therapy specialists. Neither must we overlook the prophylactic doctors who discover the germ and dispatch it ere it begins its deadly work.

We have now reached the last letter of the alphabet and find here the zymo-therapy specialist, who, to the horror of that other non-sectarian, Dr. Kellogg, feeds his patients upon meat, thereby, he says, increasing the antitoxins in the blood and neutralizing the products of germ life.

In all candor, is it fair of a profession so broken into parties and factions, each party and

each faction so exclusive in its ideas of therapeutics—is it fair, for the adherents of that school to accuse the homœopathist of sectarianism? Like Saul of Tarsus, they breathe out threatenings and slaughter against the disciples of a mistaken idea, yet they are as narrow, as sectarian indeed, as they believe the homœpathist to be.

Your speaker has no desire to be bitter or unkind. He numbers in his friendships and remembers in his prayers many followers of the other practice. But we do not believe the diverse practices of the dominant school show a remarkable degree of scientific exactness.

THE CERTAINTY OF THE LAW.

All this is different in Homœopathy. For a given set of symptoms, no matter where the homœopathic physician was educated, or where he may practice, be it in Maine or California, the Dominion of Canada or the British Isles, "from Greenland's icy mountains or from India's coral strand," the remedy selected will be the same. As in the selection of glasses for a definite error of refraction, scientific oculists from one end of the world to the other will reach the same conclusion as to the need of the patient; so, in homœopathic practice, definite and positive symptoms of disease will call for the same remedy with every prescriber.

The reason for this marked difference between the schools, as has been said, is because the homœopathic physician believes that in disease and health there are certain laws, as there are in every other department of the physical world, while the physician of the dominant school denies this, or at least denies the value of the so-called Law of Similars. It is not possible, perhaps, to explain the rationale of this law of cure, but the homœopathist is not the only scientist forced to acknowledge ignorance of the underlying laws of his specialty. Where is the physicist who can explain the law of accelerated motion or the law of magneto-electric induction, or the law of gravitation? He can demonstrate the law by showing experiments to verify it, but to sensibly or convincingly explain why or how, he cannot.

The theologian has the same difficulty with the doctrine of the immaculate conception and the chemist can hardly account for some of the chemical affinities familiar as working truths. Thus it may be excused the homœopathist, perhaps, if he fail to scientifically account for the theory of similars. It is the conclusion of the homœopathic profession that this theory affords a working hypothesis satisfactorily accounting for certain medical phenomena, and in the terms of which, outside of purely chemical processes already referred to, every certain procedure known to the medical profession can be explained. Further, in order to prevent the lay mind from misunderstanding its position, it is claimed by the homœopathic school that every single remedy, known to have curative properties in the relief of disease, acts in harmony with and is prescribed, even if unknowingly so, in accordance with the theory expressed in the phrase, Similia similibus curantur.

The dominant school today are therapeutic skeptics. The skepticism, almost nihilism, as regards the value of remedies, of the dominant school is shown by this quotation from one of its eminent exponents, Prof. H. C. Wood, in the preface of his "Treatise on Therapeutics:" "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities. Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching not to bleed a man for pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering with pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like lotus eaters dream that all alike is folly, that rest and quiet and calm are the only human fruitions?" Yet, skeptics as they admit themselves to be, they certify to four sure remedies—mercury in specific diseases, quinine in malaria, salicylate of soda in rheumatism and iron in anemia. The most radical of the dominant school, denying the homœopathicity of these remedies, would admit that the poisonous action of each is remarkably similar to the disease it has power to cure. If time and space permitted, in addition, your speaker would attempt at least some citations of remarkable scientific facts which exist and which apparently vindicate the claims of Similia, but enough has been shown to prove that the entire homœopathic practice and such of the practice of the dominant school as is conceded by that school to be of positive therapeutic value are in harmony with and are explained by the theory of Similars. It is not begging the question, therefore, to leave the matter here and claim that until future generations find a better hypothesis we have the right to accept the theory of Similars as the law of cure.

THE VALUE OF THE LAW.

One who has observed the great variety of symptoms met in different types of typhoid fever, or any other disease, will at once appreciate the value of a system which seeks to select a remedy suited to the particular case in hand, and to differentiate it from all other remedies useful in other types of the same disease. It is not

enough to treat a disease by name, as is the practice of the dominant school, or to prescribe for a disease because of the peculiar manifestations which are common to all cases of the same disease. The remedy must be selected to fit the special symptoms presented by the individual patient. When so selected, the remedy fits the disease as the wing of the bird fits the air. Any other method of prescribing is as likely to result in misfits as would happen in a ready-made shoe store if a No. 8 shoe should be sold to every soldier customer, a No. 9 to every farmer and a No. 10 to every blacksmith. Homœopathy is exact in its methods and employs no ready-made garments to fit its patrons, regardless of form, height and station. Every garment is made to order and is fitted only after careful consideration of many patterns.

DISEASE INCREASING.

In the language of an old friend, I do not wish to consume my entire time in an arraignment of the profession of which I am, at least legally, a qualified member. The conclusion drawn is, in part, that physicians have been human, and in spite of whatever liberal training they are supposed to have had their horizon has been neither regular nor broad. Of course, old school magnanimity has often shown itself, this friend continues. A few years ago the American Medical Association held its meeting in the city of St. Paul. At that meeting its learned president, Doctor Charles A. L. Reed, proclaimed a new school of medicine: one without dogma, gross medication, absurd attenuations, ridiculous anti-mineralism, with refined pharmacy and a more rational therapy; a science in which all may delve, a school of human prerogative, no proclamation of completeness, that recognized the progressive revelation of truth and that "greets him who thinks, though he think error." Dr. Reed, you see, wishes to live in a democracy of medicine. Others of his class have given expression to similar views, but, perhaps, with less liberality. Their drift is entirely away from medicine as a system of therapeutics, in favor of the abandonment of drugs and toward preventive medicine.

"No one restrains the ardent desire for the full development of the new science, Preventive Medicine, or the hope that the time may come when the causes of diseases are stamped out. When tuberculosis, malaria, yellow fever, cholera, plague, typhus and typhoid, small pox, diphtheria and all the other infections and contagions, together with drug poisonings, like feudalism are only known historically to have prevailed among men, the medical millennium will have arrived and the doctor, as he has been known or as we know him, will be extinct. Until that takes place, the functions of the ordinary practitioner of medicine will be with the concrete, actual presence of the results of infection and other morbid changes.

"A pitiable tale is told by Manager of United Hebrew Charities, Frankel, of New York. From the census reports he demonstrates that the death rate per 100,000 for the most common diseases increased during the last decade. In only three diseases out of a list of fourteen was there a decrease, viz., cholera infantum, diphtheria and consumption. The decrease in diphtheria the doctor will certainly attribute to the use of antitoxin. Had he consulted the rate for the British Islands for the same time, he would have found an increase in diphtheria rather than a decrease. The decrease for consumption is probably due to sanitary precaution, but tuberculosis is not the only pulmonary plague. The death rate for pneumonia is about the same as that for consumption. In some localities pneumonia, as a cause of death, leads consumption. The percentage of decrease in consumption for the period referred to was about twelve; the percentage of increase for pneumonia, for the same time, was eleven. The decrease of the one pulmonary disease is offset by the increase of the other.

"Sanitary science has kept back many pestilential diseases from our shores, and seemed to bring under pretty complete control some others that were one time formidable; but it cannot be successfully maintained that all the changes in the character of diseases, the ebbs and flows of disease tides are due to, or are controlled by, human efforts. Long periods of time have elapsed when certain diseases have seemed almost suppressed, as we would say, naturally, owing to conditions that we do not understand. These same diseases break forth again with violence and sweep over large portions of the world.

"In spite of all that is being done to purify water supplies, in 1910 there were 3,405 deaths from typhoid fever per 100,000, against 3,210 for 1900, an increase of 189 per 100,000. It is probable that typhoid fever has been more prevalent for the past two years than it was when the statistics embodied in the last census report were gathered.

"During the statistical period referred to there was an increase in diseases of the stomach of 338 per 100,000. The increase in cancer is alarming, having arisen from 2,203 per 100,000 to 2,837, an increase of 636. Diseases of the circulatory system, by which is meant organic defects in heart, arteries and veins, are becoming more deadly both in this country and in England. During 1910, 1,347 more deaths from heart disease occurred than in 1900. There were as many again cases of angina pectoris in 1910 as there were ten years before. The number of deaths from diabetes also doubled. Bright's disease and other diseases of the excretory organs increase annually by a large per-

centage. Accidents and suicides, which, of course, are not diseases in the ordinary sense, are increasing out of proportion to the population. Convulsions, which are largely a condition occurring in childhood, seem to decrease, but other disorders of the nervous system, as causes of death, increased by ten per cent. These statistics may be taken by the young physician as encouragement, for they seem to promise him lucrative business for quite a time yet. A friend of mine, a doctor, says Irwin is around with a club and waiting for him around corner.

When hygienic improvements, serum-therapy, electricity, tubbing, dietetics and other experiments have failed to accomplish all their several promulgators have promised for them, taking advantage of all there is good in them, is it not worth while to turn again to internal medication as a means of curing a part of what cannot be prevented? Of all branches of medicine, therapeutics has been the most neglected. As has been said, it has been abandoned by a great many, if credence is to be placed upon their utterances.

In the nature of things, then, the public must turn to Homœopathy because it embodies and represents faith in therapeutics. It is, indeed, the therapeutic specialty. But the layman investigating Homœopathy for the first time has a right to ask whether or not it is a success in practice. Homœopathy must prove beyond cavil that its system is at least the equal of any other in percentage of cures, short duration of disease and low death rate. It is not incumbent upon it to show more, but it is greatly to its advantage to prove, not alone its equality to other systems, but also, if possible, its superiority. If its results are equal to those shown by another system it may be accused of adopting the methods of that school; if they are superior, however, either the practice is actually different or else the homœopathist has a way of more successfully employing the methods of the other school. In either event the public will be satisfied to give preference to the homœopathic physician.

SUPERIORITY OF HOMŒOPATHY.

Statistics are not always reliable, but for the purpose of the present discussion there seems no other way of presenting the truthfulness of this claim. The cities of Baltimore, Cincinnati, Brooklyn, Detroit, St. Paul, Providence, Denver, Indianapolis, Syracuse, Rochester, Nashville and Seattle are selected as fairly representing every variety of climate and every phase of therapeutic practice.

During a recent year the practitioners of the dominant school in these cities had a death rate in measles of 3 per cent.; the homœopathic profession lost 0.8 per cent. The mortality rate in scarlet fever was 9.24 for the dominant school; 5.66 per cent. for the homœopathic. The typhoid fever mortality was high for both schools, for the dominant school 22.56 per cent., for the homœopathic 15.15 per cent. These figures are duplicated wherever the two schools are brought in competition, as, for instance, in Cook County Hospital, Chicago; at the University of Michigan, the University of Iowa and the University of Minnesota.

Dr. Edwards, professor in Northwestern Medical College, in his late book on practice, gives the allopathic mortality in pneumonia in private practice as 10 to 38 per cent.; in hospital, 33 to 50 per cent.; in asylums as from 50 to 100 per cent. Dr. Dewey, of Michigan University, is authority for the statement that the homœopathic mortality, taking all these classes together, is less than 6 per cent.

Not only is the death rate very much reduced by homœopathic prescribing, but also the average duration of the disease is shortened. This fact is shown by some figures prepared by the British government, whereby it was demonstrated that a homœopathic hospital at Melbourne, Australia, treated as many cases of typhoid fever as a hospital of the dominant school having twice as many beds.

It is useless to multiply figures; they all lead to the same conclusion. The eminent Dr. Osler, recently called to Oxford College from Johns Hopkins University, and now a knight of the empire, admitted that the homœopathic school is at least the equal of his own when he said: "Nobody has ever claimed that the mortality among homœopathic practitioners was greater than those of the regular school." But the homœopathic profession claims, and without fear of successful contradiction, that the mortality rate among its practitioners is far less than the mortality in the dominant school, and the duration of the disease much shorter.

SUBSTITUTION.

It is customary for the homœopathic physician to dispense his own medicines. This fact is sometimes put forward as an argument in the line of economy, for the employment of this school. There is an advantage in the practice greater than the saving in drug bills; the physician himself becomes responsible for the purity and the accurate preparation of the remedy. Undoubtedly many a practitioner of the dominant school, depending upon the pharmacist for the proper filling of the prescription and trusting that it will fall into competent hands, suffers defeat in the struggle with disease because of "substitution," careless or incompetent preparation, or delay in filling his prescription.

The *Medical Record* stated that a great number of Chicago apothecaries are liable to prosecution for selling adulterated drugs. This prominent journal of the dominant school says: "Chemical tests have been made and evidence produced which proves the presence of alien matter in many prescriptions calling for pure

drugs. In nearly 20 per cent. of the samples obtained there was not even a trace of the drug called for by the prescription. The tests, conducted by Dr. John A. Wesener, showed the following: "23 prescriptions, no trace of the drug called for; 66 prescriptions, 80 per cent. impurities; 10 prescriptions, 20 per cent. impurities; 9 prescriptions, 10 per cent. impurities; 31 prescriptions, pure." A similar scandal, involving New York druggists, recently stirred the medical profession and the laity of that metropolis.

Besides avoiding the possibility of substitution there certainly is an advantage to the patient in having the remedy prepared on the spot and the directions regarding its use made clear by explanations of the physician himself. Many mistakes and many failures in medical practice have resulted from the indirect methods of the pharmacist and the brief, unsatisfactory directions written on the label of the medicine.

OPIATES.

While the homœopathic physician may admit the occasional necessity for prescribing medicines liable to induce drug habits, if continuously used, yet, as a matter of fact, this procedure is rare in his practice. On the other hand, there is no denying that the more careless of the practitioners of the dominant school have been responsible for the development of such habits and have made inebriates of all too many patients, in extreme cases. While this criticism may perhaps apply to some individual members of the homœopathic profession, it cannot be passed upon the system itself, as, it is sad to say, may be done with the dominant school. This writer has no desire to say harsh, unkind, and, above all else, untrue things of the other school, but it must be apparent that, with the greater wealth of remedies and the greater confidence in therapeutic effects, the homœopathic prescriber has far less temptation to resort to purely palliative methods of treatment. For these reasons he rarely employs the hypodermic syringe and as rarely administers anodynes of any sort. Of necessity, therefore, the victims of induced habits are seldom found in homœopathic families.

DOGMATISM IN MEDICINE

In the ounal of the American Medical Association, in an editorial on "Dogmatism in Medicine," is found this language: "The recent action of the Philadelphia County Medical Society, in opening its ranks to all legally qualified reputable physicians who repudiate exclusive dogmas, has not been received in the best temper by some officers of the local homœopathic organization, which has taken occasion to reiterate specifically by resolutions its faith in the exclusive laws of cure. It makes very little difference, however, whether the resolutions were passed or not. Only the progressive men in all schools are wanted for recognition, and such are coming over to rational medicine all the time, and the worthiest element in the membership of the homœopathic medical profession will find its way, sooner or later, into less narrow and more scientific associations. The element in the laity to whom Homœopathy is a sort of religion, is decreasing and will ultimately disappear, and with it the reason for the existence of the special homœopathic school."

This failure to appreciate the true mission of the homœopathic profession is due, in all probability, to mental confusion regarding all the features of the homœopathic doctrine. Admitting then that the writer quoted is honest, though ignorant of our profession, you will excuse your speaker, he is sure, if he criticises this editorial and attempts briefly to state the facts involved.

The perpetuity and promulgation of Homœopathy are related to a greater question than the possible affiliation of our practitioners with "less narrow and more scientific associations," to quote the Chicago editor. Underlying the whole problem is a great sociological, humanitarian, yes, even a moral question. The homœopathic physician believes the application of similia similibus curantur offers suffering humanity a means of escape from pain, shortens the duration of human ailments and promotes the longevity of the race. Believing this, would we be honest men, could we face humanity, could we stifle the accusations of conscience itself, if we failed in season, out of season, to impress upon the public the superiority of the homœopathic practice? It is not because we fear the perpetuity of a natural law. We know a natural law will persist and continue to operate even though we neglect to talk about it, or seek to promulgate it. It is not because we fear our position as prophets of the cause may be assailed. It is on higher ground than this that we take our stand. Love of humanity is more important to us than "less narrow and more scientific associations." The amenities of life, of course, are more attractive than the sacrifices. It is comfortable and delightful to be in the swim. But greater than these is the satisfaction of doing what we feel to be our duty to God's children.

It is conscientiously believed that the superiority of the homœopathic practice has been proven in every disease, in every climate and in every season. Yet it must not be imagined that the homœopathic physician looks askance upon the advances of general medicine. The sputum examination, for instance, in the diagnosis of throat and lung diseases, is given the same importance in the homœopathic world that it receives elsewhere. The most radical opponent of Homœopathy would not say that in the choice of a drug the presence or absence of the germ would influence his selection of a curative remedy. It would simply decide the question of climate or the general disposition of the patient. It means

at least that much to the homœopathic prescriber. The laboratory methods of science receive the same patronage and the same encouragement in the homœopathic school as elsewhere. In surgery, in gynecology, in ophthalmology, the same careful technique, the same skill, the same methods are everywhere employed. No one dare claim that the results of surgery in other schools are superior to those gained by the homœopathic operator.

The American Institute of Homœopathy has officially decreed that "a homœopathic physician is one who adds to his knowledge of medicine a special knowledge of therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right." The patient therefore who employs the homœopathic physician gives himself all that the dominant school offers and, in addition, the wonderful resources of the homœopathic Materia Medica. He loses nothing except the greater probability of escaping surgical procedure by the saving grace of a more potent medical armament. He reduces his chance of mortality and decreases the duration of his illness. All that pertains to chemical methods, to bacteriological research, to surgical ideas, to the great field of general medicine—all these belong to the homœopathic physician to give to his patient, together with the possibilities of the homœopathic remedy. In the languade of the Chicago *Inter-Ocean* editorial, truly "They who have not tried Homœopathy have not half tried to get well."

CONCLUSION.

I have the feeling that a physician to truly succeed must be conscious of his high calling. To enter into the sacred precincts of the home, to come into intimate contact with the growth and development of the family, to deal with human life; indeed, all the relations of the physician to his profession, make it necessary that he should be a man of the greatest good sense, of the highest character, of the widest culture and of the tenderest heart. We read in holy writ that on one occasion Moses, observing the burning bush, which burned and yet was not consumed, turned aside out of mere curiosity to inspect the great sight. He found himself in a sacred place. The voice of God calling to him from the midst of the bush said: "Draw not nigh hither; put off thy shoes from off thy feet, for the place whereon thou standest is holy ground." So, it seems to me, that when a man enters the medical profession he should take up his life's work in the manner demanded of Moses on this occasion, and in the same devout spirit that the priest of old entered the Holy of Holies.

This picture perhaps represents the ideal, but I believe Samuel Hahnemann in every sense possessed the qualities which I have mentioned. The earnestness of his writings and many expressions from his pen indicate this. I am the fortunate possessor of a letter which Hahnemann wrote to one of his patients; in this he mentions his dependence upon the God of Hosts and his reliance upon divine guidance in the practice of his profession. His description in the Organon of the ideal physician is undoubtedly an unconscious autobiography. The splendid dignity of the man, the self poise, the patience in tribulation, the modesty in success, the cool-headed judgment in the emergencies of practice, and, above all else, his abiding faith in the efficiency of medicine, all indicate that Hahnemann was indeed a physician whom every practitioner may well select as his ideal and his example.

In common with others here tonight, it has been my pleasure to journey to Switzerland and to pass a night on the Rigi. Next morning to the music of chattering teeth we climb to the observation tower and await the arrival of Old Sol. It requires a vivid imagination to make one's self believe he is on a mountain top and that far below him stretches out a wonderful landscape. In the fog and clouds objects fifty feet away are indistinct. Directly, however, a rosy hue appears in the east. The clouds, rolling away, form indistinct and grotesque images to startle our anxious eyes. The red light in the eastern sky stretches more and more widely across the horizon. An exclamation causes us to turn our backs on the expected sun and there! Away off to the west, higher than the rest and first to catch the outriding rays of the approaching orb of day, is the Jungfrau! She stands in appearance like molten gold, solitary in her grandeur, yet still the young bride adorned for her husband. As we gaze in breathless amazement at the supernal grandeur of the view, suddenly, away to the north, another mountain peak comes out of the clouds to give company to the first. One by one, like points of golden nails driven by the unseen hand of some mighty giant, come the mountain tops from the unrolling mists which hide the earth. Then, as we turn to face the east, suddenly, with one mighty effort, the sun forces its way above the horizon and sends its golden beams in a flood of glorious light across the expectant world. Miles upon miles of the grandest scenery upon the globe are revealed to us. Green valleys, shimmering lakes, sparkling water falls, rugged mountains, verdure covered hills, dazzling snow peaks—a moment ago like gold from the fire—all these things in nature are now seen as God made them in the beauty of his handwork!

In the world of knowledge the traveler, prepared by proper study to appreciate and properly correlate the achievements of history, has before him a prospect more inspiring than any Alpine view. The sun of Medical Science for untold centuries was far below the horizon of human vision, and for many centuries more was obscured by the clouds of imperfect knowledge. Even when the rosy hue in the east indicated the

near approach of the day of knowledge the mists of materialism distorted verities into grotesque and misshapen shadows. But when the orb of truth shall have swept aside the last cloud of prejudice and revealed the scientific world as it truly is, among the mountain tops of greatness, like unto the glorious Jungfrau, dazzling in her beauty, there, the most attractive feature of the whole medical landscape, the first to intercept the rays of scientific therapeutics and the last of all to lose the eye of the honest critic, will stand forth Samuel Hahnemann, physician and scientist.

BOOK REVIEWS.

SPONDYLOTHERAPY: Physiotherapy of the Spine Based on a Study of Clinical Physiology. By Albert Abrams, A. M., M. D. Third Edition, Enlarged. Philopolis Press, San Francisco, Cal.

This new method of diagnosis and treatment is attracting much attention, and already has a large following. It is not a new school, but a new method of diagnosis and treatment. Spondylotherapy is a treatment in which reflexes are employed to achieve definite results. The statements in the book of what it will do may appear impossible or unreasonable to the new reader, but the writer of this has attended Dr. Abrams' special lectures and has seen these results. The book contains 673 pages, is well illustrated and is worth going after.

SURGICAL DISEASES OF CHILDREN. By W. C. F. Campbell, M. D., and LeGrand Kerr, M. D. New York: D. Appleton and Company. 1912.

This is the latest work on surgical pediatrics and it covers the entire field in a way most thorough and exhaustive. The correction of deformities in childhood is one of the most important parts of the surgeon's art, and if the physician is more alert to the importance of the early recognition of disease and deformity there will be fewer crippled children. The book is one that will enable the physician to recognize what surgery may do and when it may be done.

The book is finely printed, well illustrated and is a decided addition to surgical literature.

PHARMACODYNAMICS AND THERAPEUTICS.

BY ALBERT EUCLID HINSDALE, M. D., BAY CITY, MICHIGAN.

Vaccine.

Girl, aged 21 years, suffered for years with a pustular form of acne. Was treated without benefit by several physicians who applied all sorts of local remedies. She took Arsenic, in appreciable doses, until constitutional symptoms of poisoning made their appearance. Patient was next treated with stock vaccine preparations. No relief of the trouble was obtained until an autogenous vaccine preparation was prepared by Dr. Ralph Mellon, of Ann Arbor, Mich., and injections of this vaccine, given every ten days, soon caused an improvement. Patient has been receiving this treatment now for over four months and is "almost cured." It is expected that two or three more injections will produce a complete disappearance of the acne.—*A. E. Hinsdale.*

ron.

It is commonly said that spinach contains a relatively high percentage of iron and that this is one reason why it is a valuable article of diet. Carefully conducted experiments as to the source of iron in the diet ———— indicate that such is the case, and that the proportion of iron and other ash constituents in the diet can readily be increased by the use of an abundance of such vegetable foods.—*Yearbook Department of Agriculture for 1911.*

Muriatic acid.

Woman aged 60 years suffered for months with a burning, scalding urination. Patient presented many of the symptoms of cystitis and until a microscopical examination of the urine was made this was thought to be the diagnosis. Dr. Mellon, of Ann Arbor, examined patient's urine and reported that the diagnosis was a severe case of oxyluria. The urine was highly acid and found to contain an excess of oxylates. Patient was put on a restricted diet, forbidding especially vegetable foods, and Hydrochloric acid, U. S. P., was prescribed, 10 drops 4 times a day. Patient soon experienced relief and after six weeks of this treatment reports that she is practically well.—*A. E. Hinsdale.*

Eupatorium purpurium.

Frequent urination, occurring especially in women, is very apt to find its curative remedy in Eupatorium purpurium. The frequency of urination is not dependent upon a cystitis, but is the result of some simple vesical irritation, the exact nature of which I do not know. Such vesical irritations are very apt to occur in the winter time, and in so far as a large number of persons being afflicted with it is concerned, it seems to partake of the nature of an epidemic. The power of this drug to speedily relieve this condition is one of the certainties of medicine.—*A. E. Hinsdale.*

Kali bichromicum.

Used internally and locally as a spray has quickly relieved aphonia due to cold or a mild attack of laryngitis.

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EDITORIALS.

CALIFORNIA TO THE FRONT.

GOVERNOR JOHNSON in his message to the California Legislature has startled the California tenacle of the medical octopus according to the Los Angeles *Evening Herald.*

"He strongly recommends the passage of a law which will enable physicians holding certificates and licenses to practice in other states to be admitted to practice in this state without further examinations as to their qualifications as practitioners.

"This is a thrust in the midriff of the so-called Medical Trust which for years has ruled with iron hand in California.

"Eminent physicians and surgeons, specialists of national renown, no matter what their records of achievement, no matter how great their scientific attainments, have been obliged to submit to rudimentary examinations like any medical student qualifying for his degree.

"It is manifestly absurd to require specialists who are recognized as leaders in their profession and whose records in other states are as open books, to undergo a technical examination before they can be admitted to practice in California. Not only absurd, but offensive.

"It humiliates the scholarly by putting them in the same category as quacks and charlatans, and it casts suspicion upon the good faith and sound sense of other states as expressed in their statutes.

"Efforts have been made to break the power of the State Board of Medical Examiners, but its political influence heretofore has been mighty enough to prevail against either professional or lay criticism.

"Governor Johnson has the courage of his convictions as well as the distinguished ability to frame legislation to correct ancient abuses. The failure of any predecessor to break up the Medical Trust only stimulates him to greater impetuosity. He will probably succeed.

"California will not then present a Chinese wall to practitioners of good repute who have been certified as having conformed to legal requirements."

We trust the governors of other states will fall in line and take medical matters out of the hands of medical politicians. The above is a strong argument for medical freedom.

HOMŒOPATHY TOLERANT AND INDEPENDENT.

THE Homœopathic School in its climb toward emancipation will do well to observe certain fundamental elements the neglect of which would preclude any possibility of success.

In the first place, it cannot hope to realize merited independence without open acknowledgment that other systems are entitled to all that it asks. That is to say, it must first understand that it has no right to a liberty and freedom that it is not ready to concede to other organized methods of healing.

It were well to remember, on the other hand, that the average individual practician of the dominant (allopathic) school is quite as honest as and no less conscientious than the rank and file of our own school, or of any other school or cult for that matter, and that he too is entitled to the rights which we ask—no more and no less.

Then, incidentally, it should not be forgotten that it is no part of honest rivalry to exaggerate the failures of the antagonist and to garble our own record in failing to mention failures—*failures* being incidental to all systems of healing without exception. The successes of homœopathic practice, together with the acceptable logic of homœopathic principles, is an all-sufficient argument; and odious comparison characterized by spit-fire criticism is a boomerang of no uncertain proportions and precision.

It is easily probable, for instance, that there are as many pertinent arguments against the treatment of tonsils by prayer as there are against their removal by surgery, and the fact remains that if careful homœopathic prescribing will satisfactorily correct tonsillar defects, it is far more important that we definitely prove the

latter contention than that we snap at those who resort to either of the former methods.

Homœopathy does not ask for justice under the law because, perchance, "allopathy has failed," but rather because Homœopathy has succeeded and will continue to succeed if it be not further hampered by unfair legislation that has been brought into operation by jealous and selfish aliens. The siren song of negation has had its fling and its day, and Homœopathy must henceforth take its place in the ranks of affirmation and progress. Certainly Homœopathy's present-day embarrassment has not come from therapeutic insufficiency in Homœopathy, but is easily to be traced to a recent period when a therapeutic contest (in which Homœopathy was clearly the victor) was cunningly transformed into a political combat in which numerical strength and political chicanery assumed mastery of the situation, and Homœopathy was perceptibly, if not permanently, damaged.

Then to *regain* our independence as a school we must first *declare* our independence and then go forward in the firm determination to remedy by legislation the affliction that has come to us solely from that source. No school of medicine or system of healing can have honorable, legitimate relationship to the realm of legislation or political activity other than to appeal for enactments that will vouchsafe to it that full measure of liberty to which all methods of healing are by every right entitled, and Homœopathy must not seek to violate this relationship.

There are two phases of the specious medical legislation now in vogue that are a menace to free institutions and an affront to human integrity. One is that by which certain medical measures or theories are enforced upon the citizen regardless of his protest, and the other is that by which the citizen is directly denied that method of practice or those medical measures for which he has a distinct preference,—the first is *positive* and an inspiration, the second is *negative* and spells deprivation.

These are the creatures of the political doctor who has more concern for medico-political practices and political preferment than he has for the furtherance of the medical principles he is supposed to validate by faithful application, and the sooner all systems of healing are rid of this common nuisance the better for the healing art in general.

So far as we of the Homœopathic School are concerned, it is certain that he has compromised our interests in exchange for individual advantage or personal flattery, or both, and now that our strongest colleges are being made to suffer the damning blight of his perfidy it is writ large in the signs of the times that he will be promptly and permanently banished from our councils, and this will have the wholesome and very welcome meaning that we have at last awakened to the dire necessity of positive withdrawal from all medico-political alliances.

Then let the order be: Homœopathy *militant*, Homœopathy *independent*, Homœopathy *emancipated*, Homœopathy *glorified*. C.

THREE NOTABLE DEATHS.

DR. HUGO R. ARNDT, Field Secretary of the American Institute of Homœopathy and one of the best known and loved homœopathic physicians of America, died in Cleveland of pneumonia on January 2d after a brief but severe illness.

Little did we think when scarcely two weeks previous to his death we bade him goodbye in apparent excellent health, full of enthusiasm and hope for the future, that we were to see him no more.

Dr. Arndt was born in Zielenzig, Prussia, in 1848 and was of an excellent family, being the grand nephew of Ernst Moritz Arndt, the German poet, who is perhaps best known as the author of the famous German song:

"Was ist des Deutschen Vaterland?"

Emigrating to America in 1866 after his preliminary schoolings in Germany he entered the study of Homœopathic Medicine and graduated from the Cleveland Homœopathic College in the Class of 1869. Soon after this he removed to Michigan, where he became associated with that veteran Homœopathist, Dr. Charles G. Hempel, co-laboring with him in the second edition of his Materia Medica, now known as Hempel and Arndt's Materia Medica. In 1885 he was called to the Materia Medica chair of the Homœopathic College of Michigan University, which he occupied until 1889, when the failing health of his wife sent him to California, where he resided first at San Diego and latterly at San Francisco until he was called to be Field Secretary of the American Institute of Homœopathy, two years ago.

The literary works of Dr. Arndt prove him a man of great culture and indefatigable industry.

Besides the above mentioned work in colaboration with Dr. Hempel, he published in 1885-86 Arndt's System of Medicine in three volumes, a stupendous work and one that in its day was the great homœopathic work on the Practice of Medicine. This was followed by a one-volume work on the Practice of Medicine in 1899, which enjoyed high favor and served as a text-book in our colleges for many years. In 1904 a small volume, entitled First Lessons in Symptomatology, was issued. Dr. Arndt was editor of the *Medical Counselor* from 1880 to 1886 and of the *Pacific Coast Journal of Homœopathy* from 1893 to 1910.

Dr. William H. Watson, of Utica, New York, died at his home on the morning of January 1, aged eighty-three years. Dr. Watson was probably the most prominent and best known homœopathic physician in the State of New York, and held during his lifetime many prominent positions in the Educational Councils of the State. He was for twenty-three years a member of the Board of Regents and was one of the pioneers in advocating advancement of medical education. He was one of the founders of the New York State Homœopathic Hospital for the Insane at Middletown, and was on its first Board of Directors. He was Surgeon General of the State of New York in 1880. Dr. Watson was graduated from the Hahnemann Medical College of Philadelphia in 1854. He was a gentleman of rare scholarship and clear judgment.

Dr. William E. Greene, of Little Rock, Arkansas, died on January 6th at the age of sixty-eight years. Dr. Greene was one of the ablest surgeons of the homœopathic school and one who recognized fully the value of homœopathic therapeutics in surgery. He was graduated from Pulte Medical College in its first class, 1873. Locating in Little Rock, Arkansas, he became a real homœopathic pioneer of the Southwest. He was founder and first President of the Arkansas State Homœopathic Society, a member of the State Examining Board and in 1906 was President of the American Institute of Homœopathy. No man in the homœopathic profession was more widely known and better loved than Dr. Green. His health of late years had not been vigorous, yet his death came as a shock to his friends and patients, and no one had more loyal patients. His loss is one that is felt by the entire Homœopathic School of Medicine. He was a splendid type of the professional man.

METHODS OF COMPULSORY MEDICINE ADVOCATES.

DR. WILEY in an address delivered at Dayton, Ohio, October 29th, according to the Dayton newspapers used these words:

"In Indiana, Dr. Perry, with an appropriation of $100,000, has done wonderful work. He has stamped out at least one infectious disease, namely, diphtheria. The State Board of Health keeps the County Board of Health supplied at all times with serum, and as soon as a case of diphtheria appears it is immediately stamped out. *There has not been a death from diphtheria in Indiana in the last four years.*"

According to the Indiana State Board of Health Bulletins there were, in 1909, 338 deaths from diphtheria; in 1910, 381 deaths; in 1911, 343 deaths, and during the first eight months of 1912, 151 deaths, or a total of 1,213 deaths from this disease in something less than four years.

These methods of impressing the public ear with the benefits of antitoxin are not at all uncommon, and to listen to such addresses as Dr. Wiley's one would suppose, that antitoxin had succeeded in entirely eliminating diphtheria, when, as a matter of fact, it has done nothing of the kind. In 1904 and 1905 the deaths from diphtheria in Indiana were respectively *314* and *366*. If antitoxin or the serum "supplied at all times" by the Indiana Board of Health is doing such wonders why this increase in the mortality during the past four years?

Had Dr. Wiley been honest he would have said that in spite of the serum furnished by the Indiana Board of Health at all times there has been an increase in the mortality in diphtheria, and this would have been the truth. Possibly Dr. Wiley has been misquoted intentionally by some officious medical editor. We prefer to believe this.

REINSTATEMENT OF BOSTON AND IOWA UNIVERSITIES.

THE New York Board of Regents at their stated monthly meeting held December 12 formally registered Boston University School of Medicine as an approved school of medicine. It seems that incompleteness of the application was the cause of its rejection at the October meeting. It is, however, to be regretted that the rejection occurred in the first place, for such episodes are certainly damaging to any educational institution.

Iowa University Homœopathic College has also been reinstated and we were in error when we stated in our last issue that Hahnemann of Philadelphia is not registered in New York. It receives, at present, full recognition by the New York Board of Regents.

NEWS ITEMS.

CALIFORNIA.

Dr. George H. Martin has reopened his offices in the Butler Building, San Francisco, Cal.

COLORADO.

Arrangements are under way for the meeting of the Institute in Denver next July. The Union Pacific, Northern Route, has been selected as the official route.

The Committee of Hotels and Accommodations for the Denver, 1913, meeting wish to report that we have made arrangements with the New Albany Hotel for all necessary room for exhibits, meetings and convention. Further, we have arranged with the same hostelry whereby they agree to furnish, at least, 70 rooms at a rate of $2.00 per day, 90 rooms for $2.50 per day, 100 rooms at $3.00 per day, and 10 rooms at $4.00 per day. We have also arranged, through the Albany, with the Kaiserhof and the Standish for a number of rooms at $1.00 per day without bath to $2.50 per day with bath. With any of the above there will be reductions made where more than one occupies the same room. Meals may also be had at the Albany at regular standard prices. We have the above prices in a guaranteed signed contract so no one need be overcharged in the slightest. In addition to the above there are 9 or 10 first-class hotels within a radius of five blocks.

Our Mr. Paget is the manager of the Albany, and it is our wish that all communications regarding reservations be sent directly to him, this to apply whether you wish rooms at the Albany, the Kaiserhof, the Standish, or elsewhere. Assuring you of your comfort next summer and urging that you communicate early with Mr. F. W. Paget, whose address is the New Albany.

We are yours most cordially,

Judge James H. Teller,
Mr. F. W. Paget,
Dr. L. B. Wheeler,
Dr. E. B. Swerdfeger,
Chairman.

ILLINOIS.

Objections to the Owen bill providing for the creation of a national department of health were made at the meeting of the Chicago Homœopathic Society in the Hotel Sherman, at the last meeting. National legislation affecting the medical profession was the general theme of the speakers, chief of whom was Dr. A. C. Tenney.

In summarizing objections to the bill he said:

"In the general scheme of our government there is no place for a department of health with a cabinet officer. This is an opening wedge to monarchical government in one department at least.

"It would be a financial burden without giving adequate returns, because the present public health service has the equipment and the authority to proceed with advanced work along all the lines named in the Owen bill. The disarrangement of the present distribution of the various bureaus would work great confusion, with the President absolutely at liberty to transfer important bureaus from other departments to the newly created one. Such an arbitrary fixation of authority would stand in the way of true scientific advance and freedom of thought on medical subjects."

INDIANA.

Dr. Fred J. Schultz, of Fort Wayne, has been appointed one of the medical inspectors of the Fort Wayne public schools. Dr. Schultz is surgeon of the Fort Wayne Electric Works, who are building and equipping a modern hospital in connection with their plant.

MAINE.

It is not often that so much encouragement comes from one state as has come to the Director of the Homœopathic Propagandistic Fund movement as has come from Maine, and it is coming in right along. It is so good that we cannot refrain from giving some extracts:

"The idea of some good homœopathic propagandistic work is good," Dr. E. E. Briry, Bath.

"I wish the work great success, and I am glad I can do what is expected of me," Dr. F. A. Ferguson, Portland.

"A step in the right direction, and I am glad to give it my support," Dr. W. E. Fellows,, Bangor.

"The movement meets with my hearty approval," Dr. A. I. Harvey, Bangor.

"I am most glad to have the opportunity. We are not liberal enough in the great cause of homœopathy," Dr. F. O. Lyford, Farmington.

"Very glad to do it," Dr. H. F. Morin, Bath.

Dr. J. T. Palmer, of Portland, has charge of the work in Maine, and that he is making a grand success of it the above is evidence. We shall not cease until every physician in the United States is invited to subscribe or tell us why he will not do so, and then we will know where we are.

MASSACHUSETTS.

In a two inch item in a Boston newspaper, December, was the statement that the graduates of Boston University Medical School graduates had been restored the "privilege" of taking the New York State Board examinations for the right to practice in New York State. The Board of Regents had disqualified the Boston graduates on the ground that the application for re-registration of the school on the approval list was incomplete. The graduates and friends of the school receive this news with a feeling of relief, tinged with

doubt as to the necessity on the part of the New York authorities. The standing of the medical school is as high as any in the country, and it is known all over the world as such. The announcement made by Dean Sutherland, December 20th, as to the action of the Regents, was enthusiastically received by the pupils assembled, as was his statements as to the history and achievements of the medical school.

The Gregory Society of Boston University Medical School and the internes of the Homœopathic Hospital united in giving a Christmas tree to the destitute children of the South End, the district covered by the Out-Patient Department of the hospital, December 20, in the Out-Patient Department. Some 300 children attended with their mothers, and were entertained by Santa Claus, who came down a chimney and distributed presents from a well-loaded tree. Refreshments were served and bundles of clothes were distributed to the mothers. A subscription was taken up among the doctors, and a South End store was authorized to distribute clothing upon written order from the committee. Among those working to make the evening a success for the children and the parents were Drs. Mann and Bailey, the latter resident physician at the O. P. D.; Miss Harriett Roberts, the District Nurse from the O. P. D., and Elizabeth Hurst, of Somerville, 1913; Florence Belyea, of Brookline, 1914; Marion Elizabeth Spaulding, A. B., of North Scituate; Misses Cumings, Todd and Metterkoff, members of the Gregory Society.

Dr. Oscar W. Roberts, Springfield, 1879, has been elected Vice-President of the Baby Feeding Association of that city.

December 17 Mrs. Lillian G. Knowles, Secretary at Medical School office, gained newspaper notoriety through finding a lost dog in the South End. As it happened the dog was a valuable Airedale terrier belonging to Congressman-Elect Thomas Thacher, of Yarmouthport, and had been lost from an automobile in Boston. The dog made friends with Mrs. Knowles, and would have nothing to do with anyone else, so the lieutenant in charge of the police station allowed Mrs. Knowles to take it home with her over night.

Dr. Frank C. Richardson, Registrar at the Medical School, was appointed one of a committee of three physicians to examine Robert Davie, the boy broker, serving five years at the Deer Island House of Correction, with a view of ascertaining if his health is such that he may not survive imprisonment.

Dr. Karlton B. Percy, son of Dr. Frederick B. Percy, is engaged to Miss Margaret Eno, of Hartford, Conn.

Dr. James B. Bell has been re-elected President of the Evangelical Association of New England. Dr. Bell related the historical facts concerning the society, which, in the past twenty-five years, had expended $200,000.00 or more, and had made 10,000 hopeful conversions. The hospital visitor, Rev. Charles E. Eaton, told of making 1,392 personal visits in the eighteen different hospitals in Boston, resulting in more than 100 conversions.

The annual meeting of the Boston District of the Massachusetts Homœopathic Medical Society was held at the Boston Art Club, January 2, 1913, and the following officers were elected: President, Dr. Stephen S. Blodgett, of Lincoln and Boston; Vice-Presidents, Dr. Albert W. Horr, of Boston, and Dr. Grace A. Jordan; Secretary, Dr. W. A. Ham; Assistant Secretary, Dr. Conrad Wesselhœft; Dr. Edwin W. Smith, of Brookline, Treasurer; Censors, Dr. Alonzo G. Howard, Dr. N. H. Houghton, and Dr. E. R. Johnson, of Wollaston. The affairs of the society were reported in fine shape by retiring President A. G. Howard, and a musical entertainment followed the business meeting. Dr. Blodgett is a member of the A. M. A. and the A. I. H., as well as the Massachusetts Homœopathic Medical Society.

The clinics at the Out-Patient Department of the Homœopathic Hospital, Boston, have fallen off from 42,000 to 39,000 in the past six years. Dr. William O. Mann, Superintendent of the hospital, ascribes this condition to the lack of physicians to attend the clinics. The main hospital has gained from 2,376 in the past ten years to 5,032, with an increase in cost of maintaining the hospital from $118,000 to $159,000.

New X-Ray apparatus has been installed, the most powerful that could be purchased, giving the hospital a fine X-Ray Department.

The Massachusetts Babies' Hospital, of Jamaica Plain, is in urgent need of funds to continue its work and keep up to the deman made upon it. The report for the year shows applications for treatment from 816 babies. Nearly three hundred babies were in the hospital for more than three days. Of the 800 applicants 259 were illegitimate.

The Ear, Nose and Throat Departments at the Carney Hospital (old school), South Boston, have been combined, with Dr. Edward Plummer as Surgeon-in-Chief and an assistant staff. These departments have hitherto been independent.

Dr. DeWitt G. Wilcox, of Brookline, has announced the engagement of his daughter, Margaret, to John M. Colony, of Boston.

Dr. John R. Slattery, of South Boston, one of the best known of the Boston physicians, has been elected associate physician-in-chief and superintendent of the St. Elizabeth's Hospital, Boston (old school).

The Deaconess Hospital at Concord (Mass.) completed its first year of service this month (January), having treated 266 patients. There were twenty-three births at the hospital.

The case of Edward E. Grimmell, of Buffalo, N. Y., who was operated upon by Dr. DeWitt G. Wilcox in 1911, and a piece of bone of the skull raised, where it had been pressing on the skull, has again come into public notice. Grimmell, after his operation, was released from prison. Recently he was arrested again as concerned in burglaries in Buffalo. The operation was thought to have cured his criminal tendencies.

Dr. Lillian M. Moore, daughter of Mr. and Mrs. W. A. Moore, of Gondia, Central India, a 1911 Boston Univeristy Medical School graduate and an interne at the Homœopathic Hospital, was married in December to Frederick A. Lawford, night telephone operator at the hospital, at Mr. Lawford's home in Beverly. The intimate friends of the couple knew nothing of the marriage, although Dr. Arnold W. Moore, of 477 Massachusetts avenue, a brother of the bride, officiated as best man at the weding. Immediately after the ceremony the couple sailed for India, where Dr. Lawford will have charge of a hospital.

In a circular issued to the Alumni of Boston University Medical School, January first, the Finance Committee, George R. Southwick, chairman; Howard P. Bellows, N. Emmons Paine, John P. Sutherland and J. Emmons Briggs, Secretary and Treasurer, make urgent appeal for the raising of $28,000, needed to complete the $100,000 fund, $22,000 of which is already raised, and $50,000 promised by the Trustees of the University when the Medical School has raised $50,000. The trouble with the New York regents is discussed as the immediate cause of the efforts to complete the fund. The New York Board requires that medical schools must have six full time professors, with a minimum salary of $1,200, and instructors, with a minimum salary of $1,000. A meeting of the faculty was held and the school was voted the full time professors, with salaries to meet the requirements. The need now is to get the endowment to pay the salaries. The men have given their time to the school, and gladly. They would, undoubtedly, command a much higher figure in many schools, but their interest is in B. U. The need of having B. U. graduates eligible in all States of the Union is apparent at once. No student would wish to enroll in a school listed in some States as not up to their standards, and B. U. would suffer from such classification. Graduates and friends of the school can be depended upon to raise the necessary funds, without a doubt.

The Homœopathic Hospital, Boston, was remembered in the will of Martha H. Brooks, of Brookline, filed in probate, January 3, in Dedham, as beneficiary under a Trust Fund.

Dr. Oscar R. T. L'Esperance, of Boston, has mailed to his medical associates a paper on "The Excretion of Formaldehyde By the Kidneys of Patients Taking Urotropin," with an introduction by Hugh Cabot, M. D., of Boston. This articlcle was read before the New England Branch of the American Urological Association, March 5th. Dr. L'Esperance is assistant in the genito-urinary clinic at the Massachusetts General Hospital.

The South (Contagious) Ward of the City Hospital of Boston is overcrowded, a condition which is becoming a frequent occurrence, according to the authorities. They are seeking an addition to their quarters, and the mayor and city authorities do not see their way clear to help them out. The Haynes Hospital at Brighton (Homœopathic Contagious Ward) is the gainer, as some of the excess patients go there.

Malden (Mass.) was saddened in January by the death of its mayor, Dr. George Farrell, from pneumonia. Dr. Farrell's practice will be taken by his brother, Henry W., of Webster, Mass. (Both are old school men.)

The Boston Dispensary (old school) treated 110,627 patients during 1912, an increase of 15,500 over 1911. The number of individuals was 31,286, an increase of 1,000 over the year preceding. The number of patients increase, three per cent., and the number of visits increase, fifteen per cent., shows the average patient receiving more continuous and careful attention.

Miss Alice M. Ellis, R. N., and Miss Mabel G. Corbett, R. N., have opened the Park Registry for Nurses, at No. 40 West Newton street, Boston, Mass. The young ladies are graduates of the Homœopathic Training School for Nurses.

Dr. Timothy J. Leary, Medical Examiner of the Southern District of Suffolk County, has been appointed to the staff of Carney Hospital, South Boston, and will act as pathologist. He will continue his professorship at Tufts Medical School.

The funeral services of Dr. James F. Bothfeld, Ch. B., Boston University Medical, 1888, were held at Mt. Auburn cemetery, January 15, 1913. The body was cremated. Dr. William O. Mann, Superintendent of the Homœopathic Hospital, was one of the bearers.

Deceased lived at 148 Church street, Newton, and was a member of the American Institute of Homœopathy, 1890, and a member of the Massachusetts Homœopathic Medical Society, 1892.

Dr. Mortimer H. Clark, A. B., of Auburndale, a member of the Class of 1888, B. U. Medical, died January 13, at his home in Auburndale, after an illness of five days with pneumonia. He was a graduate of Harvard, a member of the Boston Homœopathic Medical Society, the Massachusetts Homœopathic Medical Society (1890) and American Institute of Homœopathy (1895), and a member of the Surgical and Gynæcological Society (1892). He was 52 years old and was buried in his home city, New Bedford.

Dr. Alonzo G. Howard gave a stereopticon lecture at the Evans Memorial Building, Boston, January 14, on the treatment of Deformities. He showed, by illustrations, that many of the so-called deformities were curable if treated over a long period of time, especially children's ills due to infantile paralysis. Dr. Howard is on the staff of the hospital and O. P. D. as Orthopedic Surgeon, and his talk was well received by a good sized audience.

MICHIGAN.

The Homœopathic Department of Michigan University has recently received, through the courtesy of Dr. Leon Brasol, of St. Petersburg, Russia, a complete set of Russian homœopathic publications, books, pamphlets and periodicals, numbering 106. This was a gift from Dr. Brasol and the homœopathic physicians of Russia and was much appreciated by the authorities of the University. The library of this college is unquestionably the finest homœopathic library in the world and its aim is to possess every homœopathic book ever published in any language. A large order has been recently sent to procure the Dutch homœopathic publications. Also the committee has track of a set of the second homœopathic periodical ever published, and an order has been sent for the same. This is L'Effemeridi di medicina Omiopatica, and it was published in Italy shortly following the publication of Stapf's Archives.

The special week of Clinics, held in the Homœopathic Hospital of the University, commencing January 7, was a pronounced success. Many physicians from all over Michigan and several from the neighboring State of Ohio were present. The hospital, as usual, was overflowing with material and the visitors expressed themselves as highly pleased with the week's work in which fifty-two major surgical operations were performed and

many interesting medical cases were presented.

Dr. W. Lewis Hartman, of Syracuse, New York, is contemplating locating in Detroit. Dr. Hartman has been surgeon of the New York Central Lines at Syracuse for many years and is a well known and capable surgeon.

NEW YORK.

D. John B. Garrison contributes an excellent criticism on Homœopathic propagandism in the January issue of the North American Journal of Homœopathy in answer to that periodical's opposition to propagandistic work. Dr. Garrison's article was a strong one in contradistinction to the weak editorial on the same subject in the same issue, in which, as usual, the words, "The North American" appear in nearly every paragraph, it being the stigma of editorial soup-eriority.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College, Thursday evening, December 12th, 1912, at 9 P. M. The scientific program consisted of the following:

"A Suggested Physiological Basis for Hahnemann's Psora Theory," Dr. Augustus Korndoerfer, Sr.

Discussion, Dr. Walter M. James, Dr. J. Edgar Belville.

"The Pathology of Glaucoma," Dr. Frank O. Nagle.

"Belladonna in Diseases of the Nose and Throat," Dr. H. S. Weaver.

"A Laboratory Test," Dr. S. W. Sappington.

An amendment to the By-Laws, changing the hour of meeting from 9 o'clock to 8:30, was voted upon.

There was a full attendance of members, and great interest was shown at the meeting.

WM. M. SYLVIS, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its annual Christmas meeting at the Pen and Pencil Club, 1026 Walnut street, being the guests of Dr. Ralph Bernstein, who gave a projectoscope skin clinic consisting of a lantern demonstration of the "More Common Skin Diseases (in colors), Their Recognition and Treatment." The meeting was well attended and a delightful time was had by those present.

PERCY A. TINDALL, M. D., *Secretary.*

The Clinico Pathological Society of Philadelphia held its regular monthly meeting at Hahnemnn College, Saturday evening, December 21st, 1912, at 8:30 o'clock. The scientific program consisted of the following papers:

Exhibition of Slides Showing Normal Menstrual Cycle, Dr. H. S. Betts.

Exhibition of Photographs and Plates of Cases of Cyclops, Dr. F. C. Nagle.

Exhibition of (a) Leukæmic Spleen, (b) Perirenal Sarcoma Simulating Hypernephroma, Dr. O. F. Barthmaier.

Exhibition of (a) Ova of Animal Parasites in Feces, (b) Malarial Slides from Panama, D. R. A. Koronzki.

Butyric Acid Test, Dr. S. W. Sappington.

The nomination of officers took place, and the meeting was very interesting, there being a large number of members present.

BENJ. K. FLETCHER, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting, Wednesday, December 18th, 1912, at the office of Dr. C. E. Tegtmeier, 1237 Shackmaxon street. A very interesting paper on "Talpis Valgus" was read, after which a hearty discussion took place. The meeting was full of interest and a large number of members were present.

JOHN D. BOILEAU, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday, the sixteenth of December, 1912, at nine o'clock in the evening. A paper for discussion was presented by Dr. Norman S. Betts on "Some Problems in Gynæcological Diagnosis," after which the nomination of officers took place. The meeting proved to be of great interest and was well attended.

LANDRETH W. THOMPSON, M. D., *Secretary.*

The Hahnemannian Institute held its regular monthly meeting on Wednesday evening, December 18th, 1912, at 8 P. M., the subject for discussion being "Medical Ethics." Dr. George W. Stewart, the speaker of the evening added much interest to the meeting. The institution dance was discussed by those present.

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Mary E. Coffin, 3823 California avenue, N. S., Pittsburgh, on Thursday, January 2d, 1913, at 8 P. M. The scientific program consisted of the following:

"Homœopathy in the Treatment of Insanity," Dr. Mary E. Coffin.

The meeting was full of interest and a large attendance of members were present. The election of officers for the coming year took place.

MARY E. COFFIN, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting on Wednesday, January 15th, 1913, at the office of Dr. R. E. Tomlin, 2057 No. 8th street. A paper on "Practice of Medicine" was read, and proved to be of much interest to the meeting. The meeting was well attended and a very enjoyable time was had by those present.

JOHN D. BOILEAU, M. D., *Secretary.*

The Lorgus Company, of West Chester, gave a flower sale on December 10th, 1912, allowing twenty-five per cent. of their sales for the Auxiliary of the new Homœopathic Hospital of Chester county. Mrs. Joseph Leedom, Mrs. Edward S. Darlington, and Mrs. George J. Palmer received the friends of the hospital during the sale.

PERSONALS.

A most enjoyable dance was held on Saturday evening, December 7th, at Memorial Hall, for the benefit of the Homœopathic Hospital of Chester county, which was attended by about forty couples. The hall was decorated with pennants and lanterns. On the platform stood an attractive table from which the patronesses, Mrs. Curtis Hannum, Mrs. John Thorp, Mrs. Charles Palmer, Mrs. S. M. Rogers and Mrs. J. Oscar Dicks,

assisted by Miss Dorothy Barker and Charles R. Palmer, Jr., served sandwiches, coffee and fruit punch.

The committee who had the dance in charge were Horace T. Webb, Frank A. Pinkerton, Havard Rogers, Vernon L. Hoffman, Earl Gibson, Harold Stein and Clarence Worst.

Dr. L. T. Ashcraft's paper at the meeting of the Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania was inadvertently omitted from our report. He will please accept apologies.

OBITUARY.

Dr. William H Watson.

Utica, New York, Jan. 1, æt. 83. Hahnemann Medical College, Philadelphia, 1854.

Dr. Christopher C. Miller.

Detroit, Mich., Dec. 17, æt. 66. Hahnemann Medical College, Philadelphia, 1868.

Dr. James H. Davis.

Wilmington, Ohio, Nov. 27. Pulte Medical College, 1888.

Dr. M. L. Vansant.

Philadelphia, Pa., Sept. 22, æt. 90. Hahnemann Medical College, Philadelphia, 1857.

Dr. Wm. M. Cooley.

Herington, Kan., Dec. 3, æt. 78. Hahnemann Medical College, Chicago, 1868.

Dr. Wm. K. Flatt.

St. Paul, Minn., Dec. 5, æt. 82. Hahnemann Medical College, Chicago, 1869.

Dr. C. P. Meredith.

Louisville, Ky., Dec. 2, æt. 73. Pulte Medical College, 1881.

Dr. William E. Green.

Little Rock, Ark., Jan. 5, æt. 68. Pulte Homœopathic College, 1873.

Dr. Lorenzo D. Clark.

Stoughton, Wis., Dec. 2, æt. 71. Cleveland Homœopathic College, 1866.

Dr. Alice B. Stockman.

Alhambra, Cal., Dec. 4, æt. 80. Chicago Homœopathic Medical College, 1880.

Dr. Raphel J. Davison.

Flint, Mich., Dec. 13, æt. 62. Cleveland Homœopathic College, 1882.

Dr. Ernest B. Smith.

Erie, Pa., Dec. 11, æt. 52. Cleveland Homœopathic College, 1882.

Dr. Eliza J. Beaeh.

Pasadena, Cal., Dec. 12, æt. 77. Cleveland Homœopathic College, 1877.

Dr. John H. Yeagley.

York, Pa., Dec. 17, æt. 60. Hahnemann College, Philadelphia, 1878.

Dr. Guy C. Marsh.

Galion, Ohio, Dec. 26, æt. 48. Cleveland Homœopathic College, 1889.

Dr. Henry F. Pahf.

Brenham, Texas, Dec. 30, æt. 74. Hahnemann Medical College, Philadelphia, 1868.

Dr. Melville H. Criswell.

Cassopolis, Mich., Dec. 14, æt. 50. Hahnemann Medical College, Chicago, 1891.

Dr. Hugo R. Arndt.

Cleveland, Ohio, Jan. 2, æt. 65. Cleveland Homœopathic College, 1869.

Dr. Mortimer H. Clarke.

Auburndale, January 13, æt. 52. Boston University School of Medicine, 1888.

Dr. Willard Ida Pierce.

New York, January 8, æt. 56. New York Homœopathic College, 1891. Dr. Pierce was a well-known homœopathic physician of New York City. Author of a very popular work on Materia Medica.

INSTITUTE NOTES.

The American Institute of Homœopathy will hold its next annual meeting in the New Albany Hotel, Denver, Colo., July 6-12, 1913. The Chicago and Northwestern-Union Pacific Route has been chosen as the official route.

Dr. W. A. Dewey having declined to serve as Chairman of the Press Committee, Dr. Burton Haseltine was appointed in his stead.

Dr. Grant S. Peck, 226 Majestic Building, Denver, has been appointed by President Hinsdale Chairman of the Committee on Local Arrangements.

The subject of Social Hygiene has been added as a part of the work of the Bureau of Sanitary Science and Public Health.

Genito-Urinary Diseases is a part of the work of the Bureau of Dermatology, whose correct title is "Bureau of Dermatology and Genito-Urinary Diseases."

DEATH OF DR. FRANCIS H. ORME.

Just as we go to press news comes of the death of this veteran homœopathic physician of the south, at Atlanta, on the morning of January 28th. The doctor was an ex-President of the American Institute of Homœopathy, and had practiced in Atlanta for over forty years. Fuller particulars will appear in the next issue of the MEDICAL CENTURY.